

Name  
in  
Full

Mary Adams

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1907	Month Feb	Day 7	Years 26	Months	Days
Sex Female	Color or Race Black	Birth- place Henslock Md			
Occupation House wife	Where Residing if not at place of death Henslock				
Married, Single or Widowed married	Name of Wife or Husband Wm Adams	Father's Name James R Smith	Henslock Md		
Mother's Maidan Name Willie Robinson		Mother's Birthplace Henslock Md	Henslock Md		
Name of person giving Information Wm Adams		How related to deceased Husband	Husbain		

CAUSES OF DEATH

Primary

Pneumonia

How long

3+ weeks

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Don't Know

Signature of  
Physician

Address

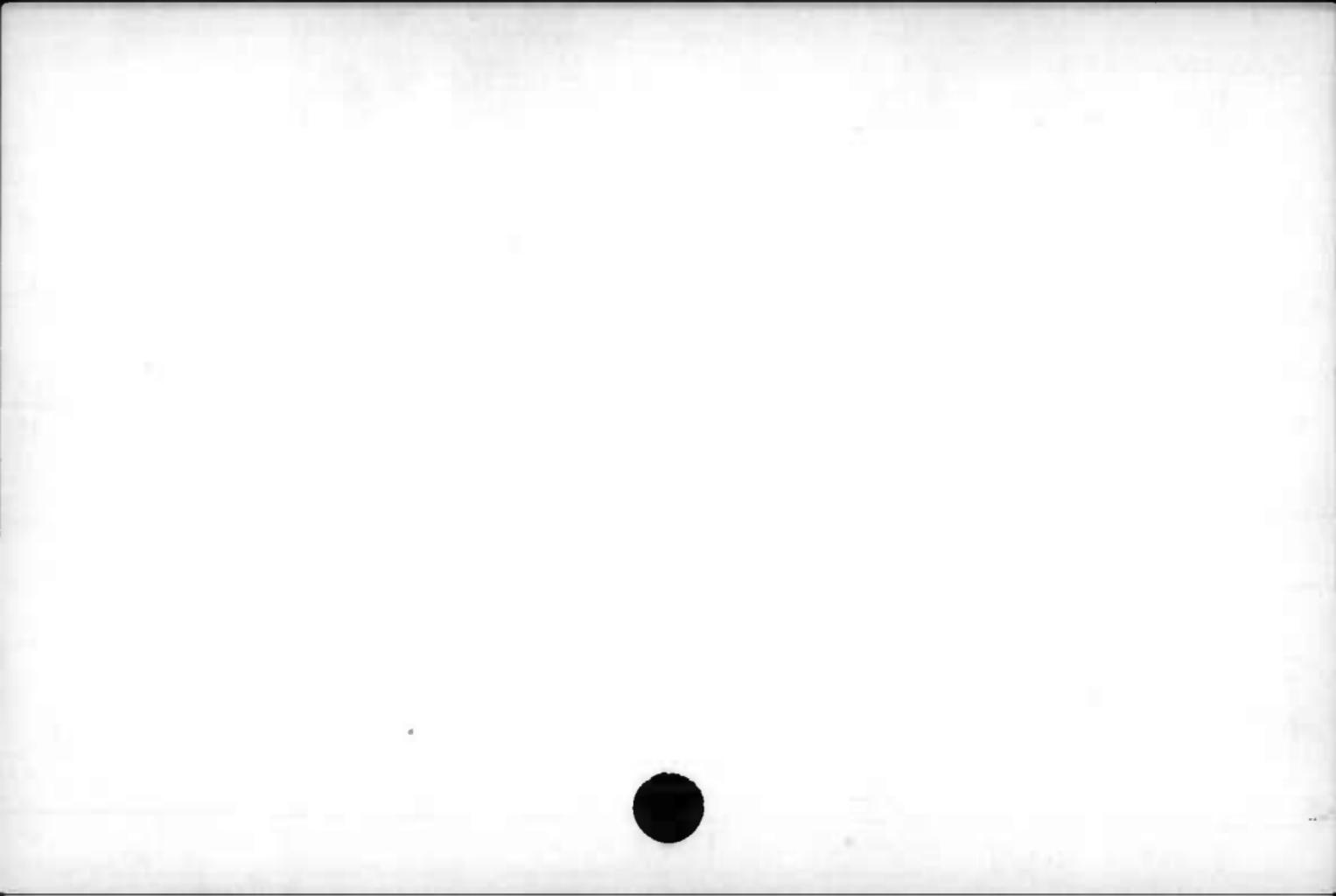
John Mase

Gouldings

PHYSICIAN  
OR CORONER

I

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

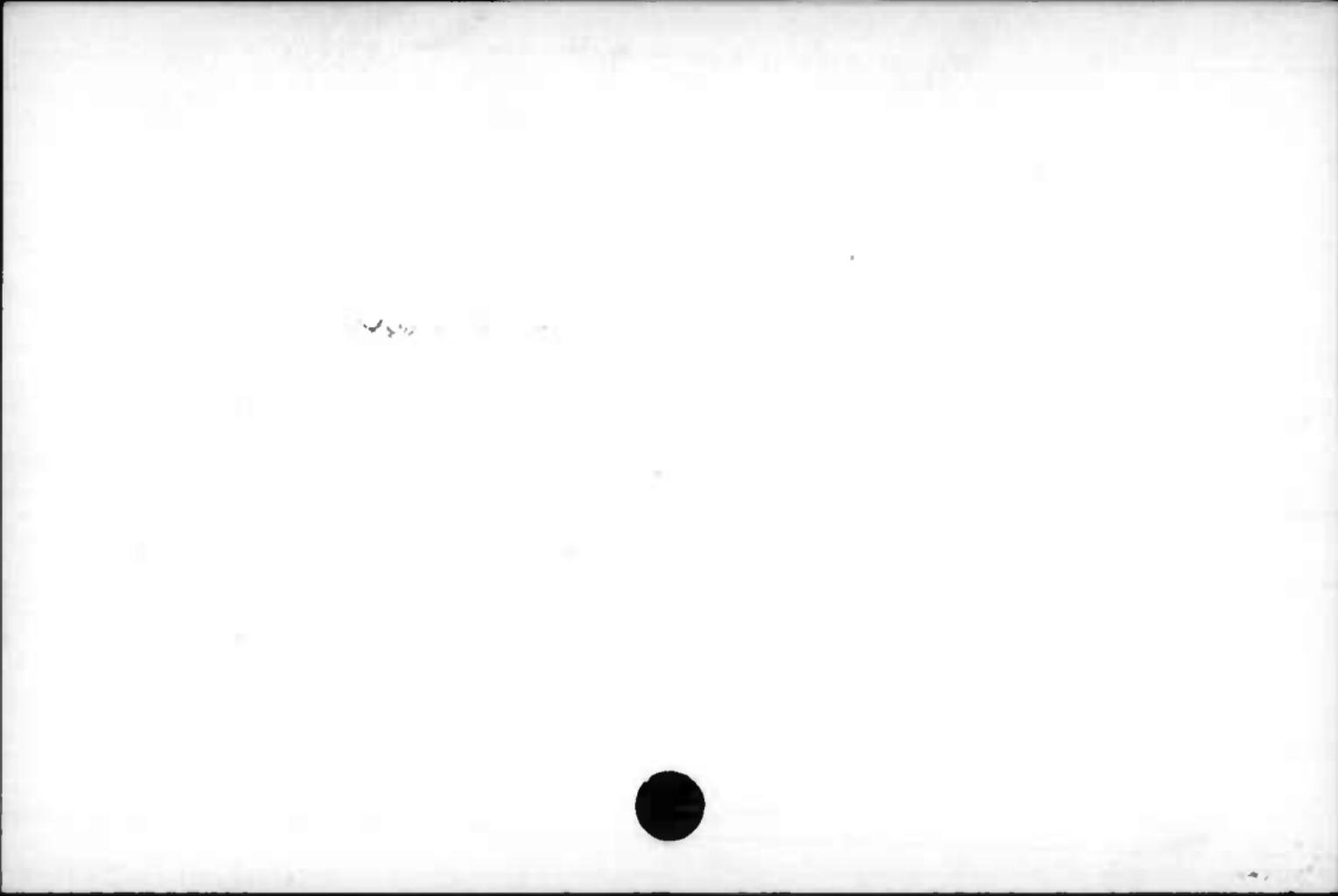
## CERTIFICATE OF DEATH

Died at	near Antioch	County	MARYLAND							
Date of death	1907	Month	Feb.	Day	13	Years	44	Months	8	Days
Sex	Male	Color or Race	White	Birth-place	New York					
Occupation	Farmer	Where Residing if not at place of death	near Antioch							
Married, Single or Widowed	Married	Name of Wife or Husband	Agnes M. Ansley							
Father's Name	George W. Ansley	Father's Birthplace	New York							
Mother's Maiden Name	Sarah Emery	Mother's Birthplace	" "							
Name of person giving Information	Floyd E. Ansley	How related to deceased	Son							

## CAUSES OF DEATH

Primary	Tuberculosis of bowels	How long	6 months
Immediate	Tuberculosis	How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Martin W. Goldsborough
		Address	Baltimore Md.
Accident or Suicide?			





Name  
in  
Full

Rhoda Betovia Baumble

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Bufffield	Stonchester	Months	Days
Date of death	Month	Day	Years	
1907	Feb	26	Age	34
Sex	Female	Color or Race	White	Birth-place
Occupation	Housewife		Where Residing if not at place of death	
Married, Single or Widowed	Widow		Name of Wife or Husband	
Father's Name	Geo T. Baumble		Father's Birthplace	Md
Mother's Maiden Name	Matilda Mills		Mother's Birthplace	Md
Name of person giving information	Guindra Baumble		How related to deceased	More

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Pneumonia

(93)

How long

14 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

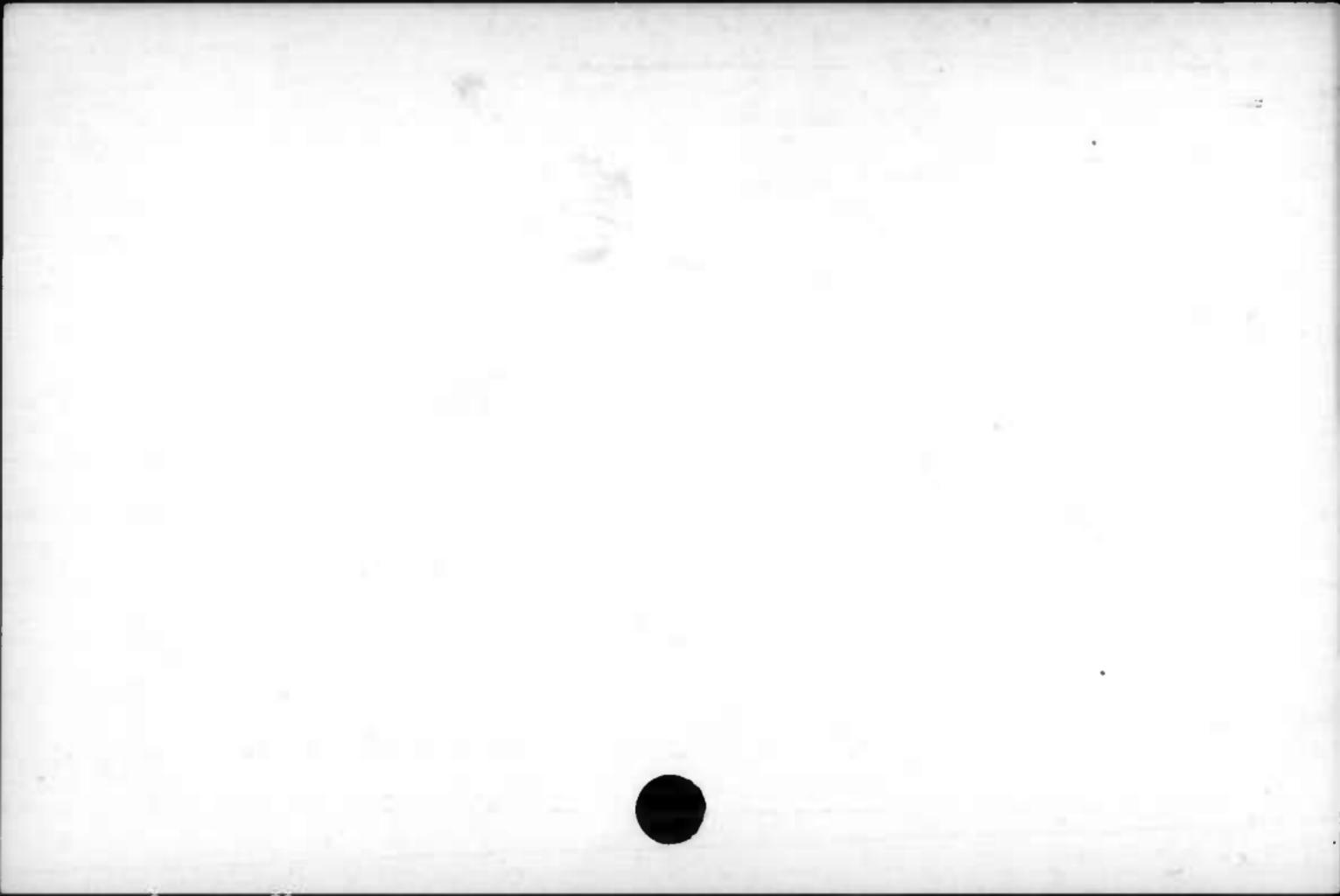
Signature of Physician

Address

E.A. Jones  
Brook. Md

1

Accident or Suicide?



Isaac Boston

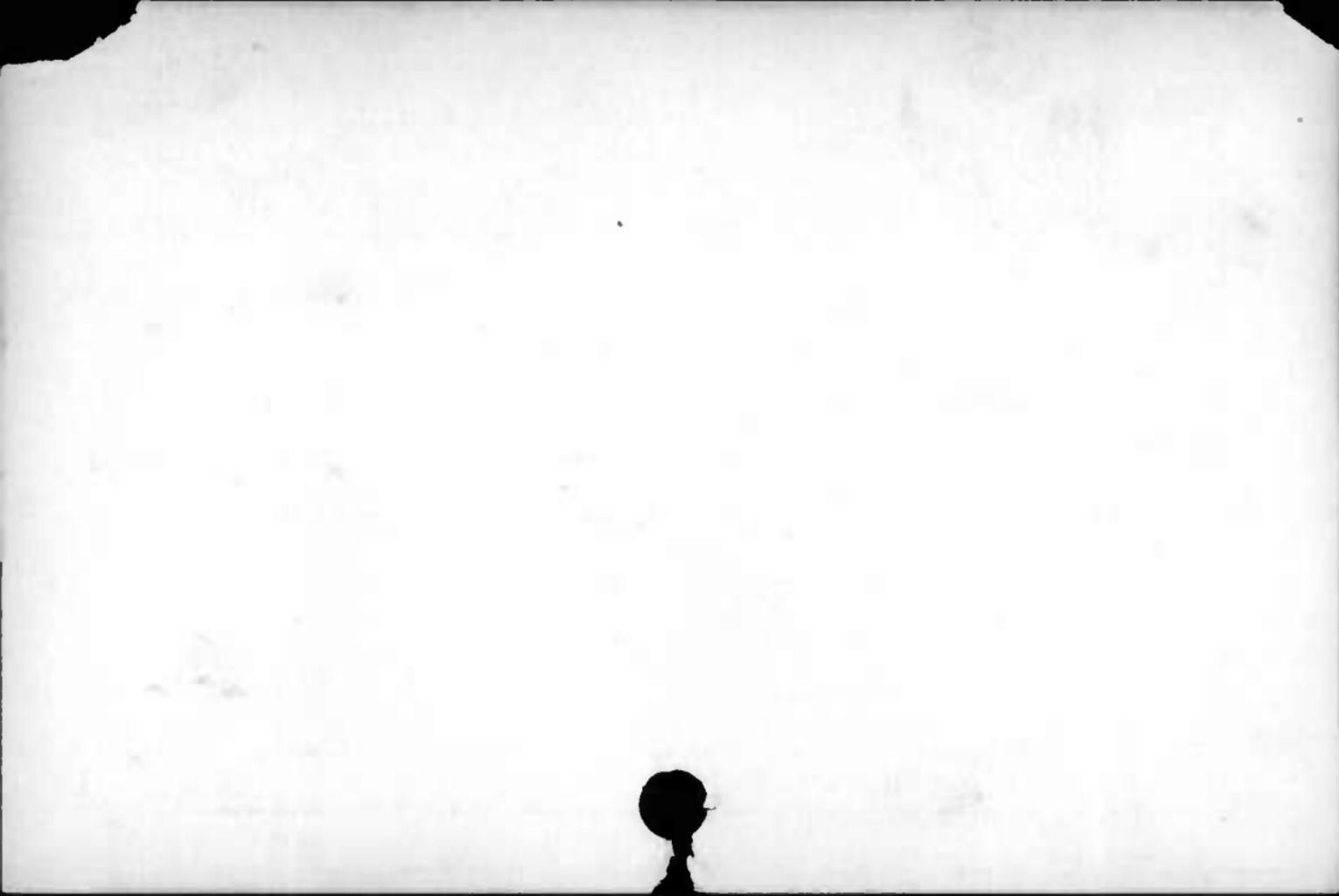
## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at	Town	County	MARYLAND
Died at	White Marsh	Oxford	
Date of death	Month	Day	Years
1907	Mar.	16	Age 28
Sex	Color or Race	Birth-place	Days
Male	Colored	Baltimore, Md.	
Occupation	Where Residing if not at place of death		
Sailor	White Marsh		
Married, Single or Widowed	Name of Wife or Husband	Mary E. Boston	
Father's Name	Death Known	Father's Birthplace	Death Known
Mother's Maiden Name	Death Known	Mother's Birthplace	Death Known
Name of person giving Information	Moses Gumper	How related to deceased	No Relation

## CAUSES OF DEATH

Primary	Plum Pneumonia.	(GB)	How long	8 days
Immediate	Blocking up of tracheobronchial tubes		How long	about 10 hrs
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Victor Blawie, M.D.
			Address	Cambridge Md.
Accident or Suicide?				



Name  
in  
Full

# Goldsborough Harris Bradley CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

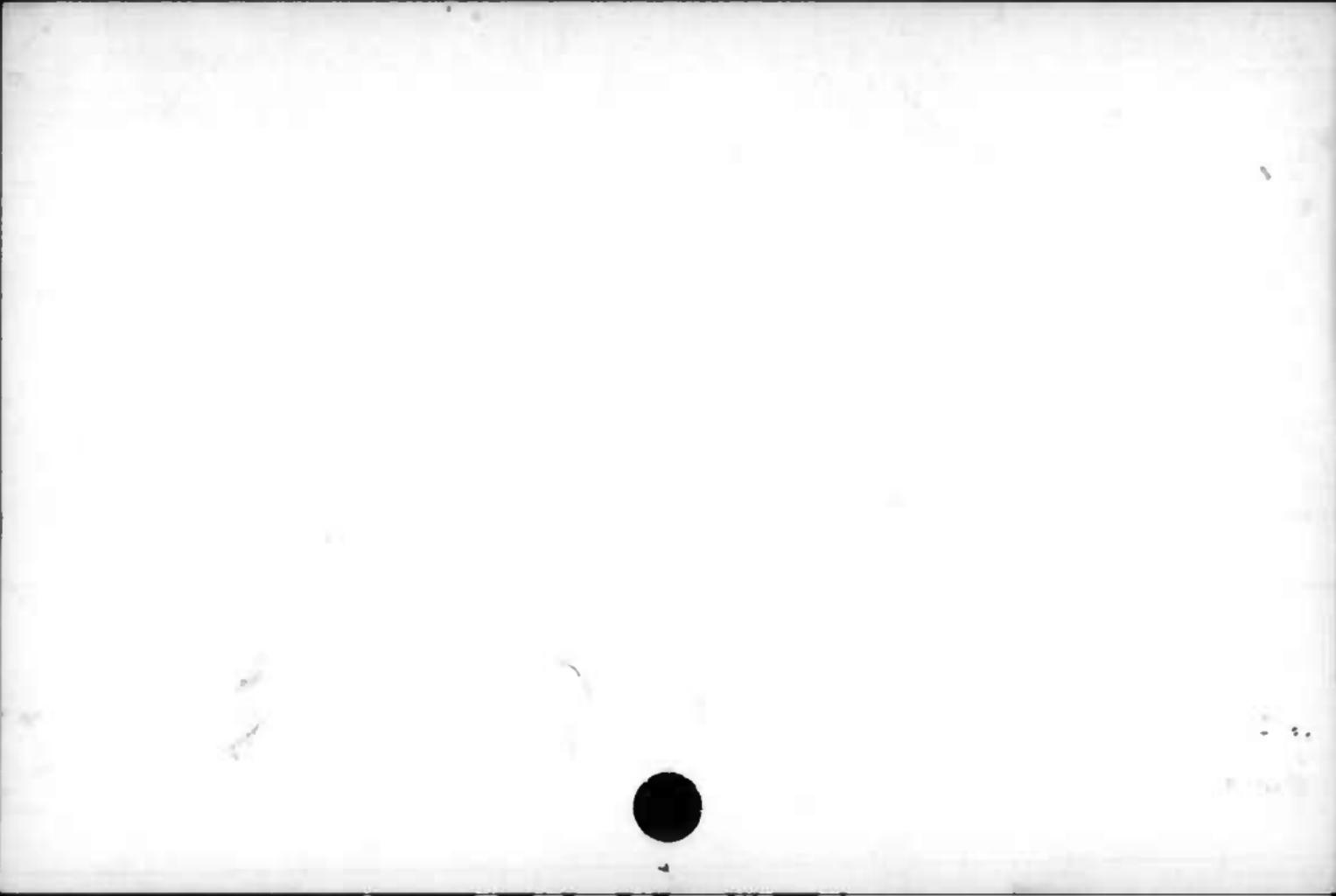
Died at	Town <u>Cambridge</u>	County <u>Dorchester</u>	MARYLAND		
Date of death	Month <u>January</u>	Day <u>3d</u>	Years	Months <u>5</u>	Days <u>3</u>
Sex	Male	Color or Race <u>American</u>	Birth- place <u>Cambridge</u>		
Occupation	Infant	Where Residing if not at place of death <u>Cambridge</u>			
Married, Single or Widowed	Name of Wife or Husband <u>John N. Bradley</u>		Father's Birthplace <u>Worck</u>		
Mother's Maiden Name	<u>Adaline Shattuck</u>		Mother's Birthplace <u>"</u>		
Name of person giving Information	<u>John N. Bradley</u>		How related to deceased <u>Father</u>		

## CAUSES OF DEATH

Primary	<u>Krebs Spinal Meningitis</u>	How long <u>4 days</u>
Immediate	<u>Asthma</u>	How long <u>1 day</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Martin W. Goldsborough</u>	
	Address <u>Cambridge MD</u>	
Accident or Suicide?		

PHYSICIAN  
OR CORONER

1



Name  
in  
Full

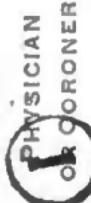
Jones Avery Bramble

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Alboda Octavia Bramble	
Father's Name	Clement Bramble		
Mother's Maiden Name	Mary E. Murphy	Father's Birthplace	Md
Name of person giving information	Armando Bramble	Mother's Birthplace	Md
		How related to deceased	sister

CAUSES OF DEATH



Primary

Pneumonia

93

How long

7 days

Immediate

Heart failure

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

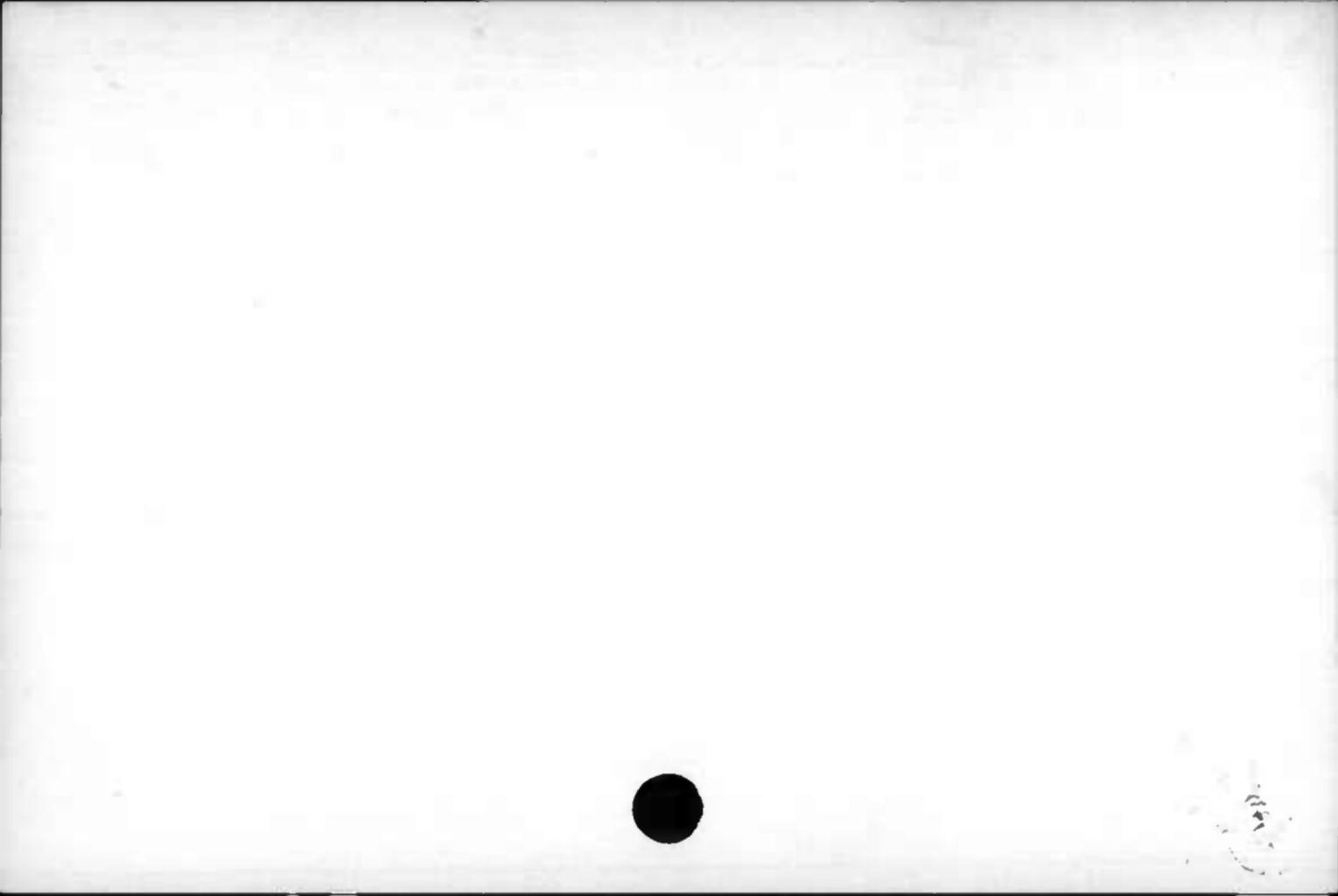
Signature of Physician

E. A. Jones

Address

Baltimore, Md

Accident or Suicide?



Name  
in  
Full

Francis Camper

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	Md.
Cambridge		Dorchester Co	MARYLAND
Date of death 190	Month	Day	Months Days
7 Feb	7	13	about 75 -
Sex	Color or Race	Birth-place	
Female	Black	Summerset Co	
Occupation	Where Residing if not at place of death		
House Woman	Cambridge Ma		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Dorchester
Single	None	Dorchester	Dorchester
Father's Name	Mother's Birthplace		
Mr Camper	Dorchester		
Mother's Maiden Name	Mother's Birthplace		
Archie Hackelt	Dorchester		
Name of person giving information	How related to deceased		
Edward Camper	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Paralysis

How long

about 6 months

Immediate

don't know

How long

don't know

Are the name, age, sex, color, date and place correctly given above?

I think so

Signature of Physician

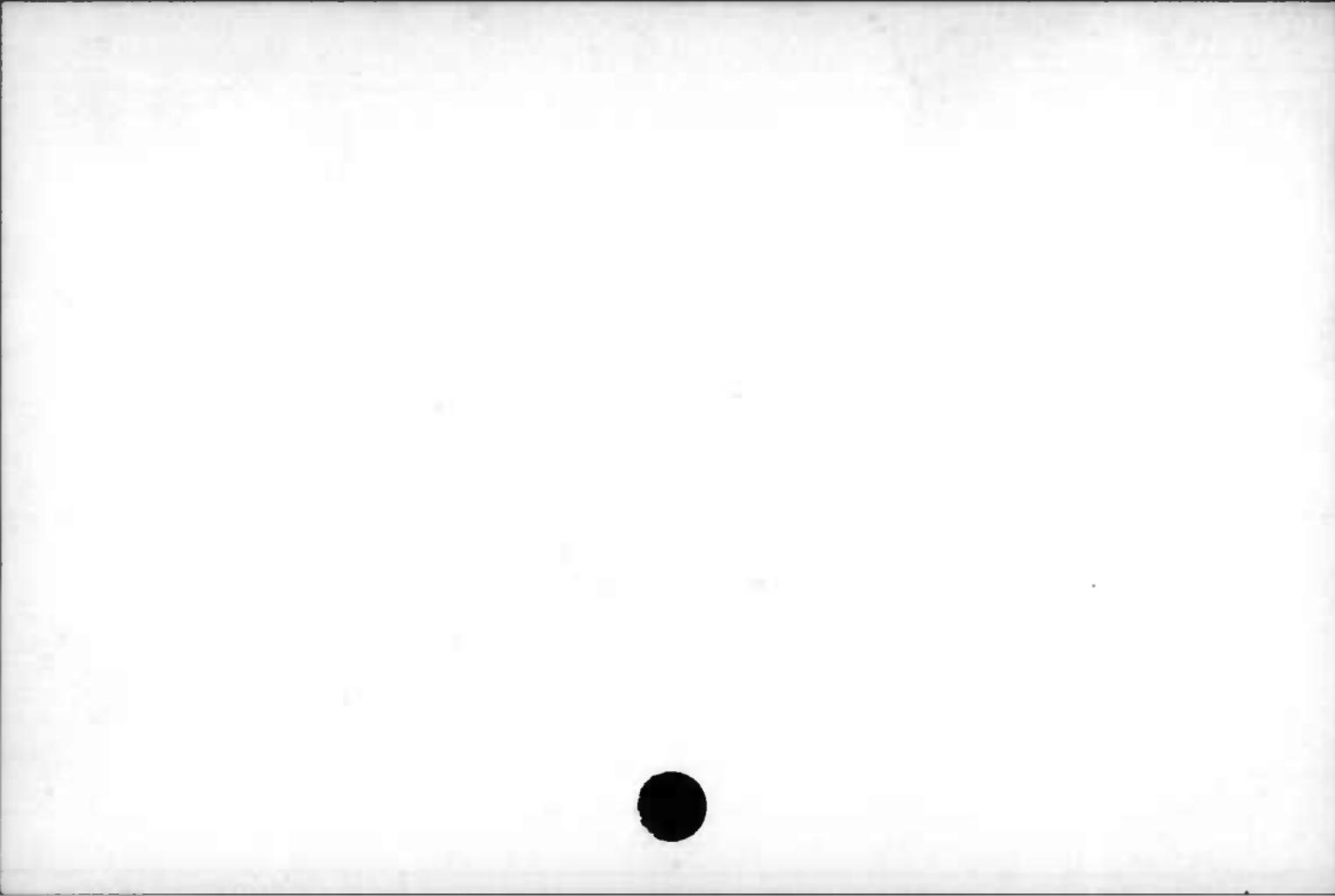
Address

John Moore  
Cummiskey, Md



Accident or Suicide?

No



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Amitta Gampfer			
Father's Name	Dunk Run		Father's Birthplace	Bucktown Md	
Mother's Maiden Name	Sarah Dushields		Mother's Birthplace	Dunktown Md	
Name of person giving information	Wm. Gampfer		How related to deceased	son	

## CAUSES OF DEATH

Primary

Pleur Pneumia

(93)

How long

6 days

Immediate

Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

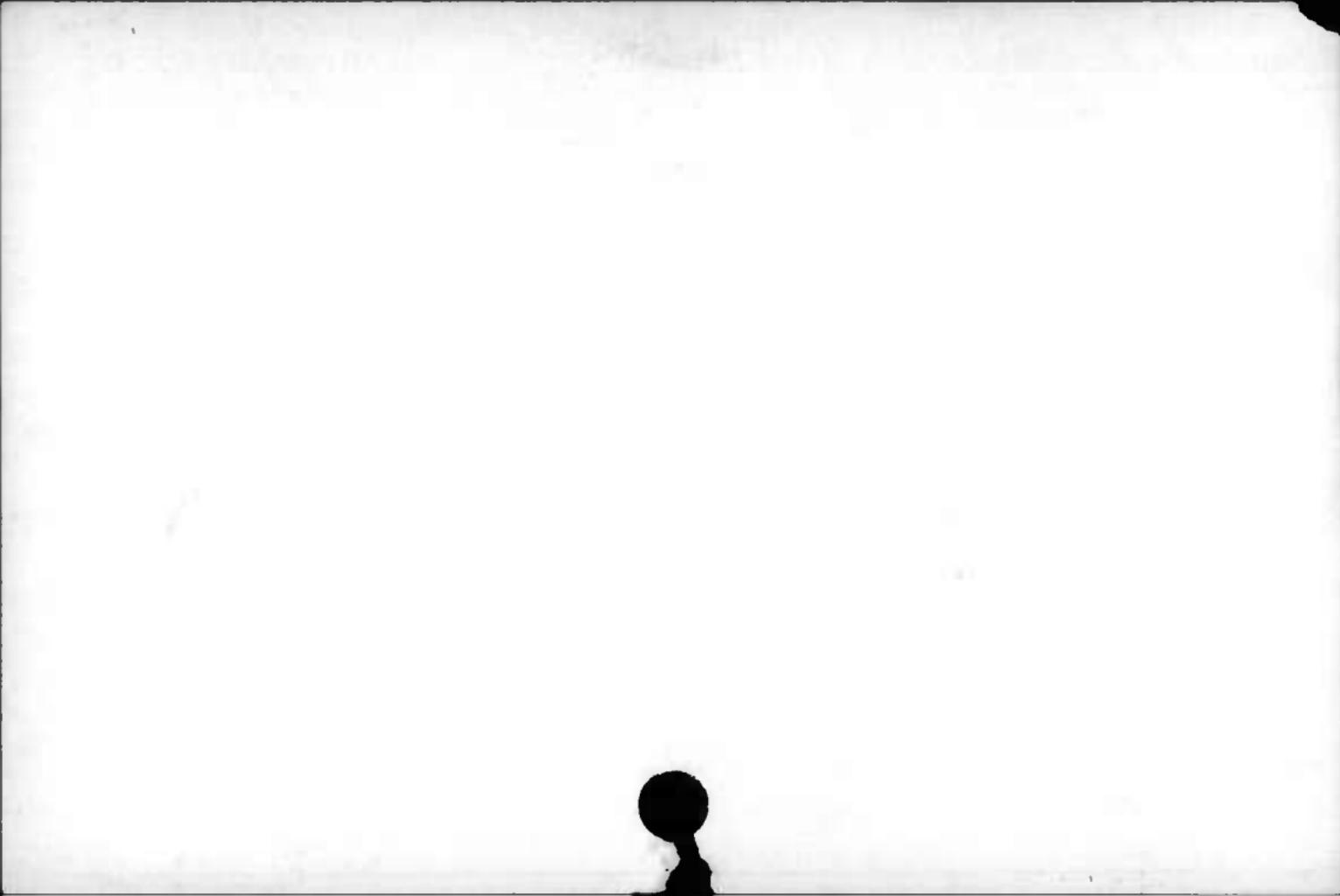
Address

Linton Lawrence, M.D.

PHYSICIAN OR CORONER



Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Mary E. Carr

CERTIFICATE OF DEATH

Died at Taylor's Island

County  
Dorchester

MARYLAND

Date of death 1907 Month Feb Day 9 Age 35 Years Months — Days —

Sex Female

Color or Race

African

Birthplace

Md.

Occupation

Housework

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving  
Information

How related  
to deceased

Mary Parr

Wm. S. Maguire

Friend

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

18 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

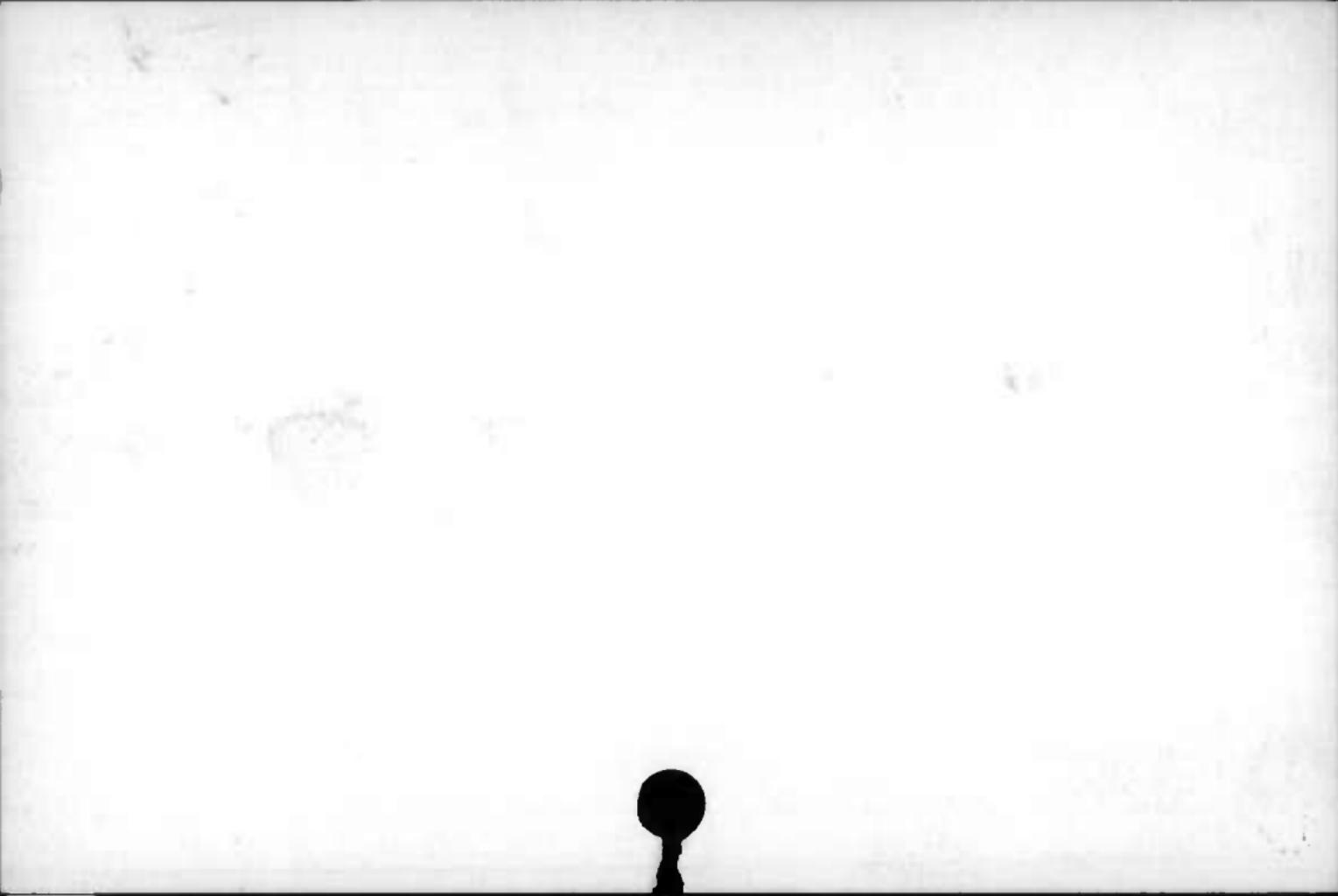
Signature of  
Physician

Address

Jos. K. Shriver Jr.  
Taylor's Island  
Dor. Co. Md.

I

Accident or Suicide?



Name  
in  
Full

Mary Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Male	Color or Race	Birth place		
Occupation	None		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband	Father's Birthplace		
Father's Name	Joseph Chase		Mother's Birthplace		
Mother's Maiden Name	Mary Davis		Baltimore City		
Name of person giving information	Joseph Chase		How related to deceased		

CAUSES OF DEATH

Primary

Hysteria (low part of mother)

How long

12 hrs

Immediate

Asthma

How long

5 hrs

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

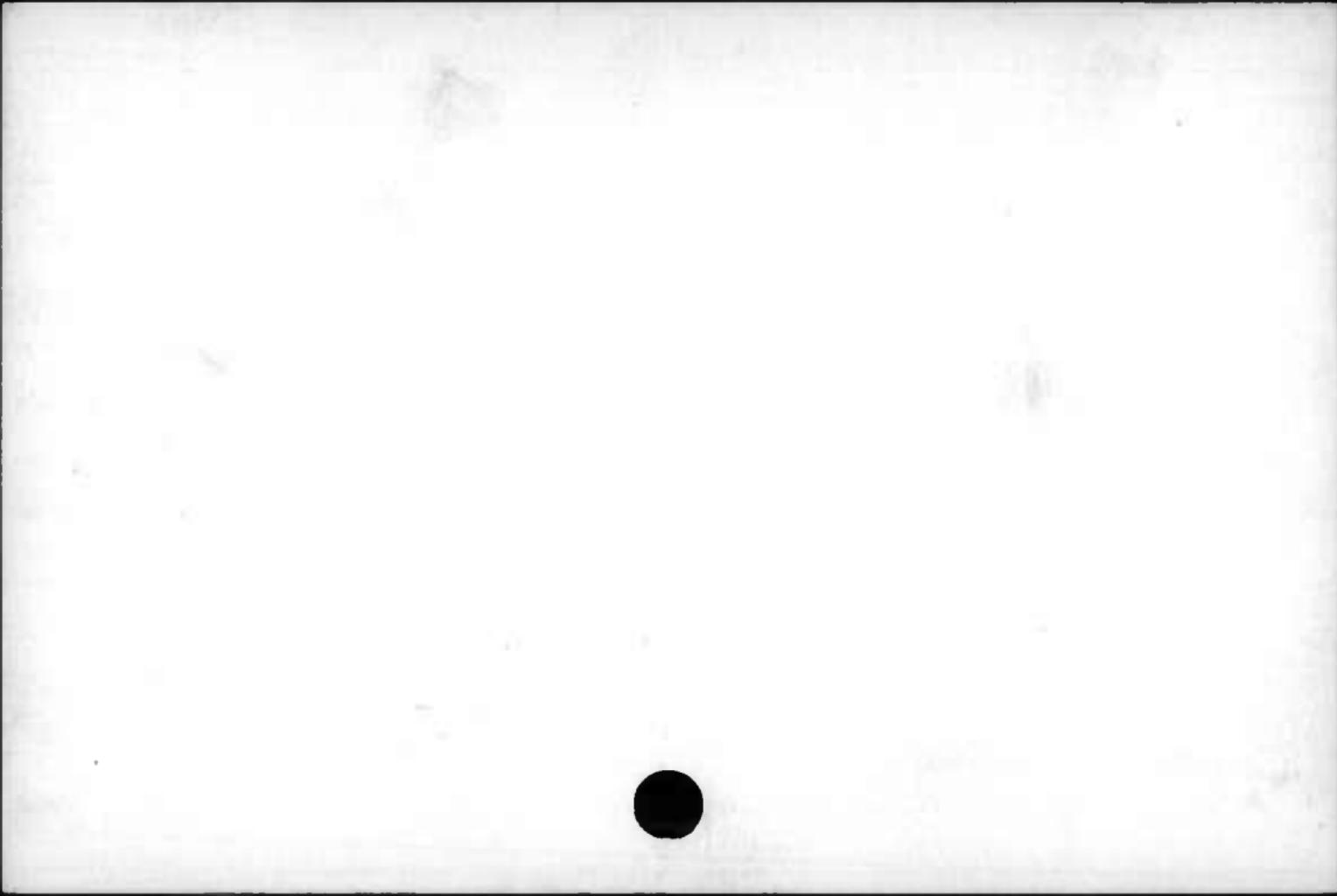
Address

Nector P. Reynolds M.D.

Cambridge Md.

Accident or Suicide?

I  
PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

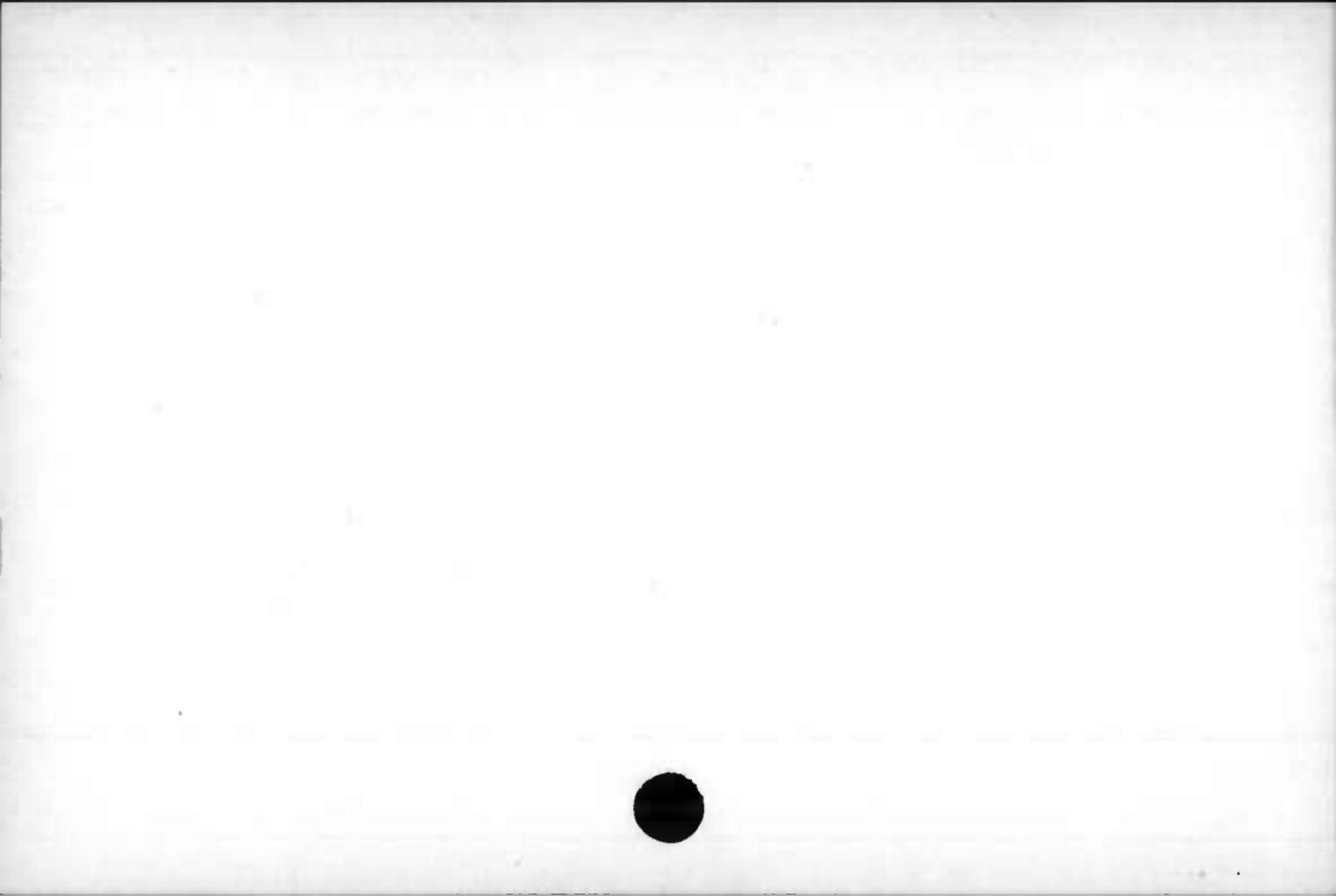
Died at <u>Lloyds</u> Town		<u>Clifton Cornish</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>Feb</u>	Day <u>18</u>	Years	Months <u>8</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Negro</u>	Birth-place <u>Lloyds Md.</u>			
Occupation <u>none</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>single</u>	Name of Wife or Husband <u>none</u>	Father's Name <u>James W Cornish</u>	Father's Birthplace <u>Dor. Co. Md</u>		
Mother's Maiden Name <u>Cornelia W. Beale</u>	Mother's Birthplace <u>Dor. Co. Md</u>	How related to deceased <u>Father</u>			
Name of person giving information <u>J. W. Cornish</u>					

## CAUSES OF DEATH

Primary <u>Pneumonia</u>	How long <u>2 weeks</u>
Immediate <u>Broncho-pneumonia</u>	How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>S A Stokes</u>
Address <u>75 #5 Cambridge</u>	
Accident or Suicide? <u>no</u>	

PHYSICIAN OR CORONER





Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age		Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	E. Frank Dukes			
Father's Name	John L. Phillips				
Mother's Maiden Name	Ernestine L. Phillips				
Name of person giving information	How related to deceased				

## CAUSES OF DEATH

Primary	Measles	(6)	How long
Immediate	Congestive pneumonia		How long

PHYSICIAN  
OR CORONER

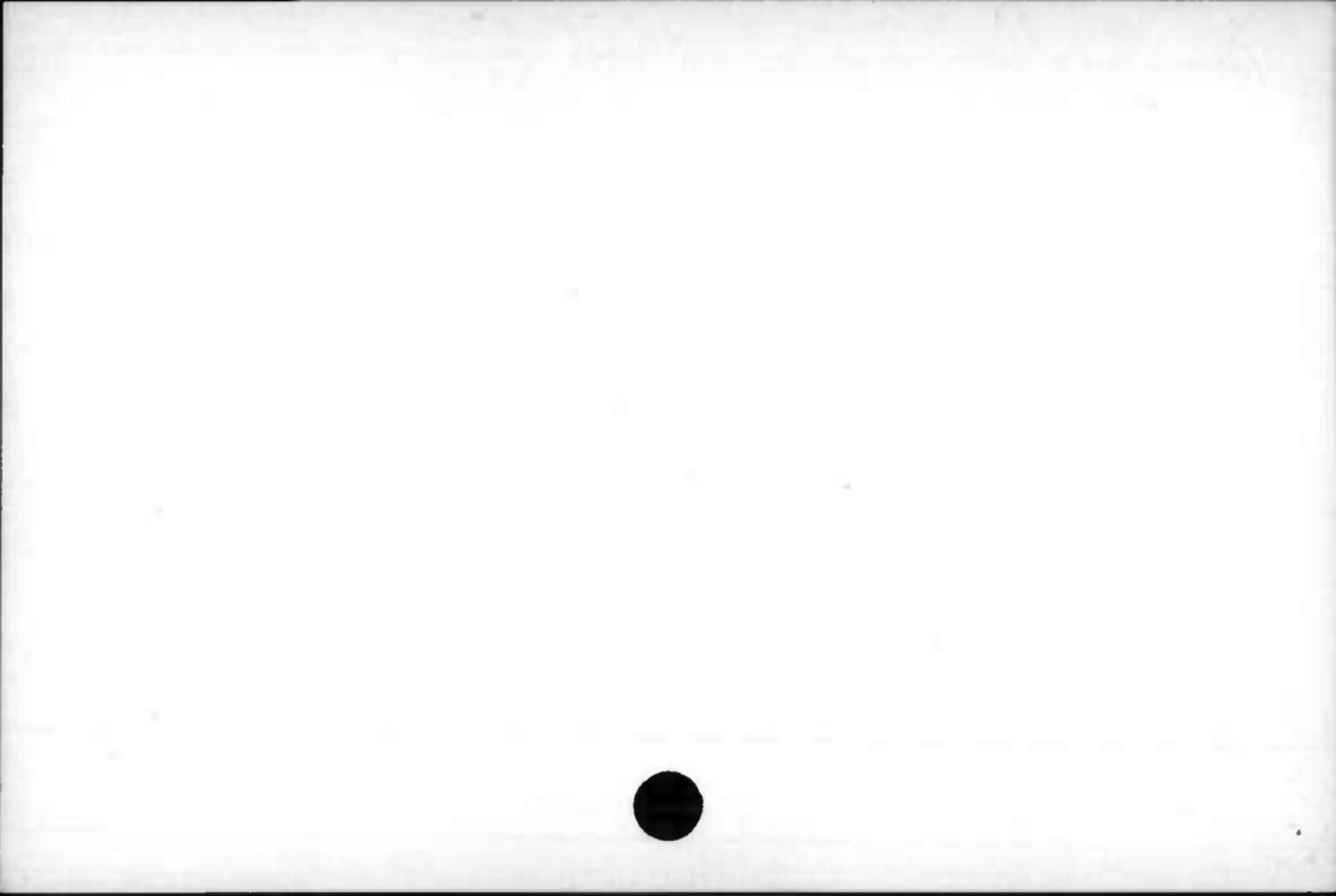
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

R. C. Knutson M.D.  
Frostburg, Md.

Accident or Suicide?



Name  
in  
Full

Bertie Francis Farren

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	19	10 17
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Alfred F Farren		
Father's Name	Strawberry	Father's Birthplace	Dorchester	
Mother's Maiden Name	Clona Strawberry	Mother's Birthplace	Dorchester	
Name of person giving information	Husband	How related to deceased	Married	

CAUSES OF DEATH

Primary

Consumption

(2)

How long

18 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

I.P.

Address

Adm Venet  
and Regent

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

Aurena Frasier

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	white	Birth-place	Taylor Island	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Aurena Frasier Taylor Island			
Father's Name	Thomas Frasier			Father's Birthplace	Taylor Island
Mother's Maiden Name	Magie Rank			Mother's Birthplace	Taylor Island
Name of person giving information	Frank Frasier			How related to deceased	Uncle

CAUSES OF DEATH

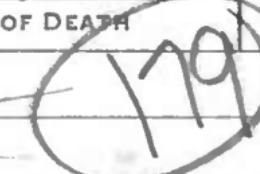
Primary

Don't know

How long

Three months

Immediate



How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Undertaker ~~Physician~~  
H. W. Lambdin

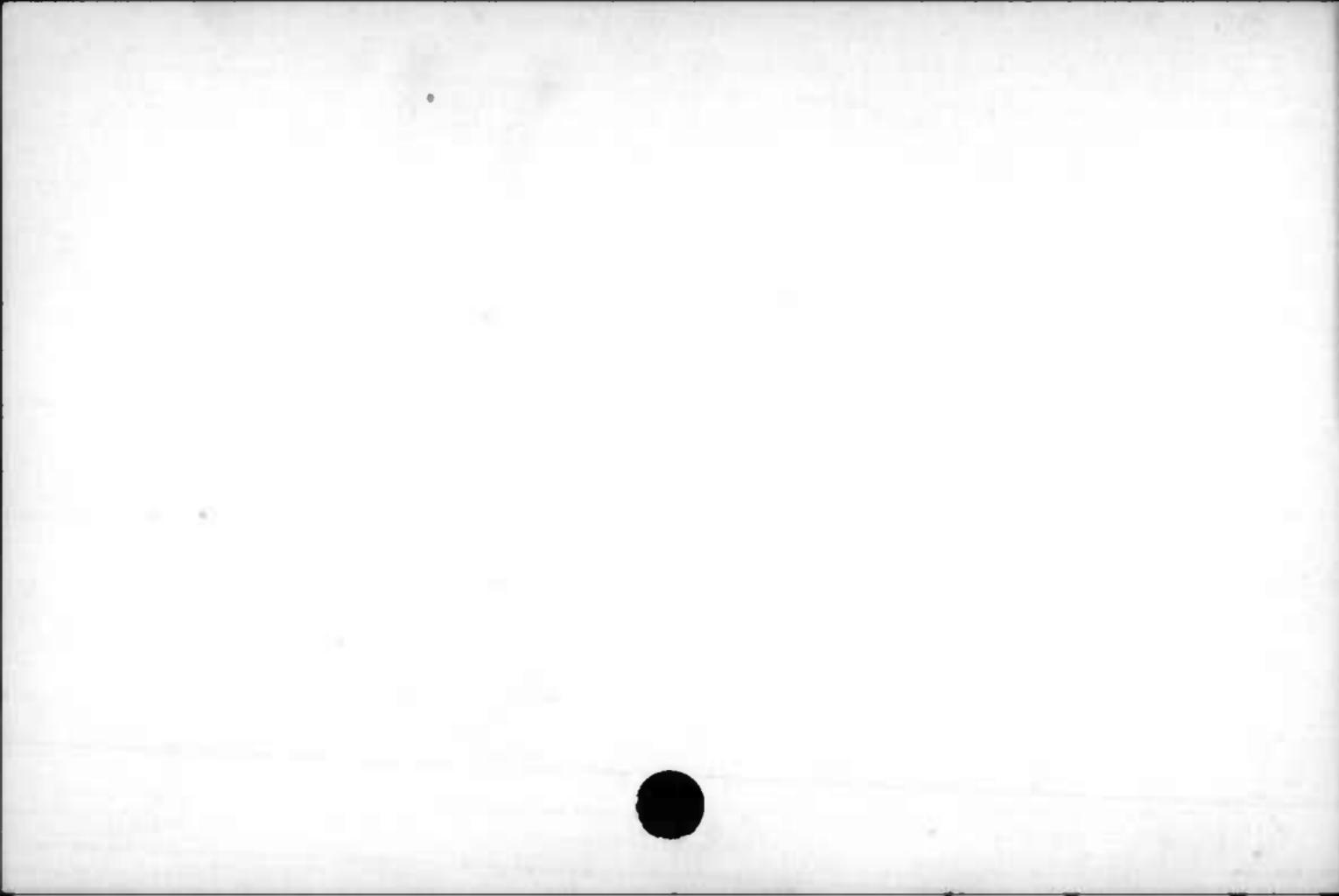
Address

Taylor Island

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

Anna Elizabeth Harris

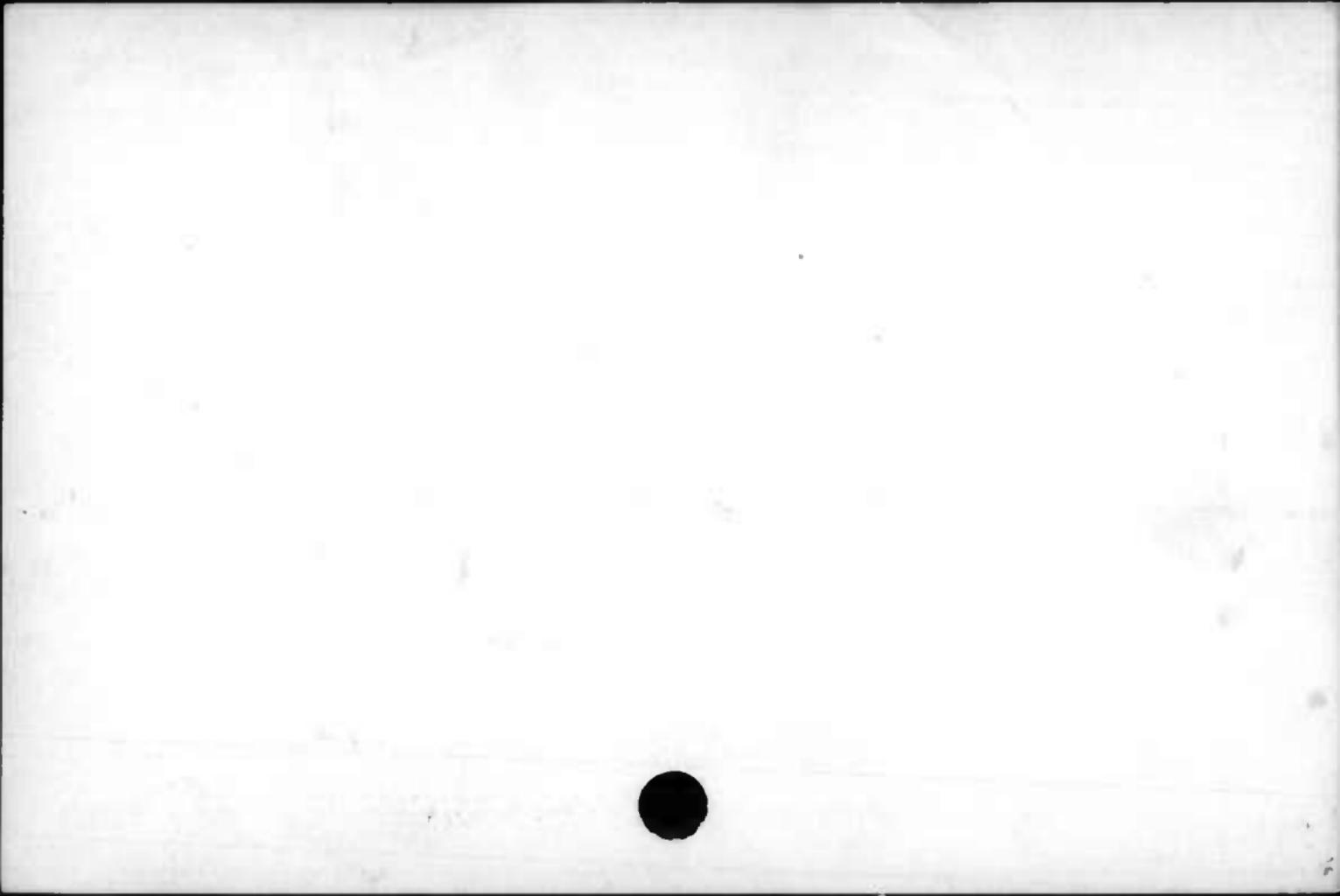
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1907	Month Feb.	Day 17	Years —	Months 7	Days 24
Sex	Female	Color or Race	Colored		Birth-place	Near Cambridge
Occupation	—	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband			Father's Birthplace	Oxford
Father's Name	William J. Harris			Mother's Birthplace	Oxford	
Mother's Maiden Name	Helen Black			How related to deceased	Mother	
Name of person giving information	Helen Black					

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Home puerperal	(66)	How long	Four days
	Immediate	Rupture of membrane		How long	about 2 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Victor Slawell	
			Address	Cambridge, Md.	
Accident or Suicide?					



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Alonzo Hollard.

CERTIFICATE OF DEATH

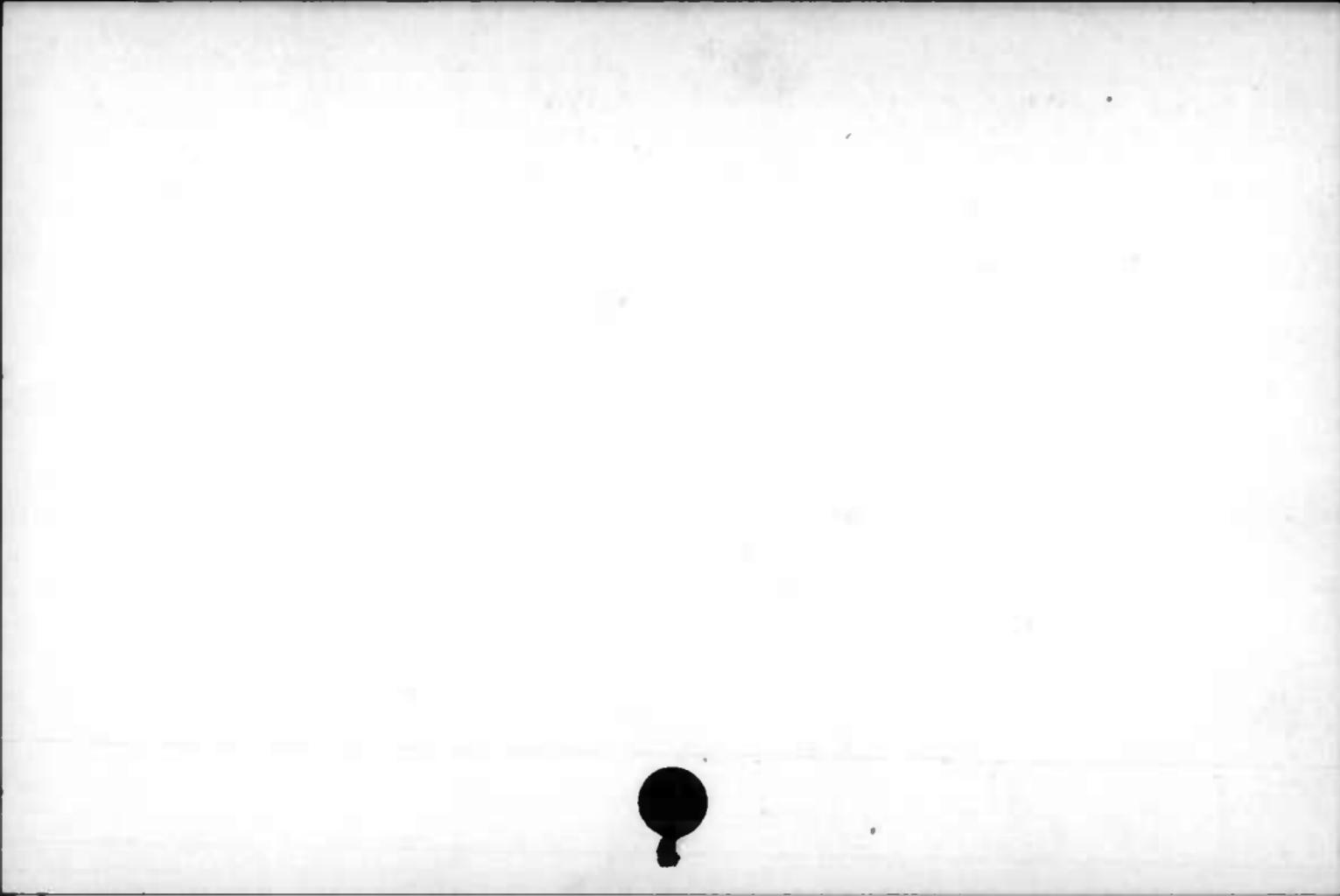
Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
1907	Feby	23	18		tomorrow	tomorrow
Sex	Male	Color or Race	Black		Birth-place	Pocomoke Md.
Occupation	Sailor	Where Residing if not at place of death Baltimore Md.				
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	Pocomoke Md.	
Father's Name	Alonzo Hollard			Mother's Birthplace	Pocomoke Md.	
Mother's Maiden Name	Hester Hollard			How related to deceased	Mother	
Name of person giving information	Hester Hollard					

CAUSES OF DEATH

Primary	Tubercular Sanguinal Adenitis		How long since Dec 27-1907
Secondary	(33) weeks		How long
Immediate	As there is		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Morton W Goldsborough
		Address	Baltimore Md.
Accident or Suicide?			

PHYSICIAN  
OR CORONER





Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

## CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Birth-place				
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Charity Hooper					
Mother's Maiden Name	Md					
Name of person giving information	Henry Hooper					

## CAUSES OF DEATH

How long

6 mos

How long

Primary

Chronic Interstitial Nephritis

Immediate

Cardiac Failure

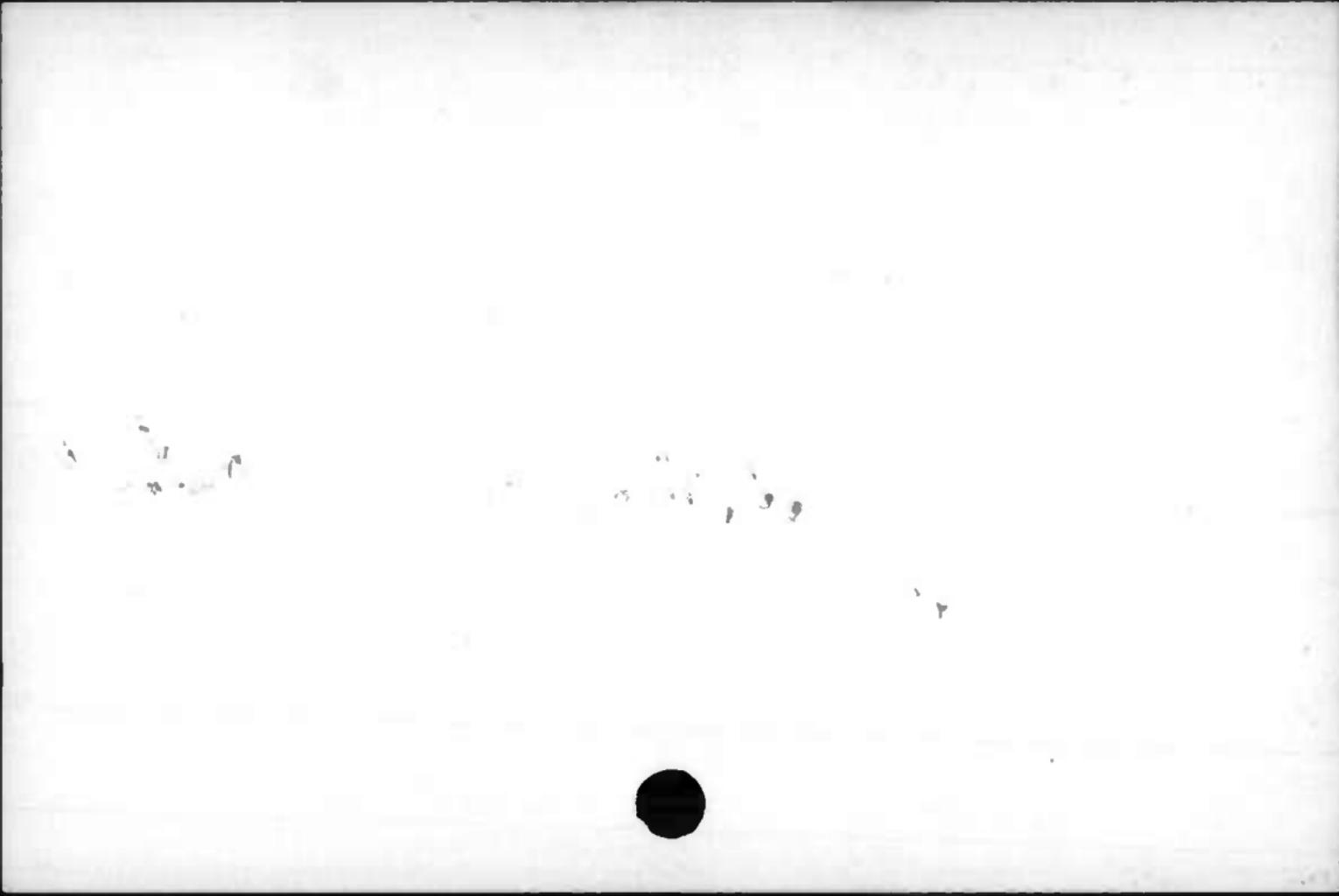
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?





Name  
in  
Full

Darius Horsemann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Died at <u>Near Vienna</u>		Town	<u>Dor</u>	County	MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>9</u>	Years <u>62</u>	Months —	Days —	
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place <u>Co</u>		
Occupation <u>Jarman</u>		Where Residing if not at place of death —				
Married, Single or Widowed <u>Mamed</u>	Name of Wife or Husband <u>None</u>					
Father's Name —			Father's Birthplace			
Mother's Maiden Name —			Mother's Birthplace			
Name of person giving Information <u>A. J. Hitch</u>			How related to deceased <u>none</u>			

## CAUSES OF DEATH

Primary

Pneumonia

(93)

How long

10 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

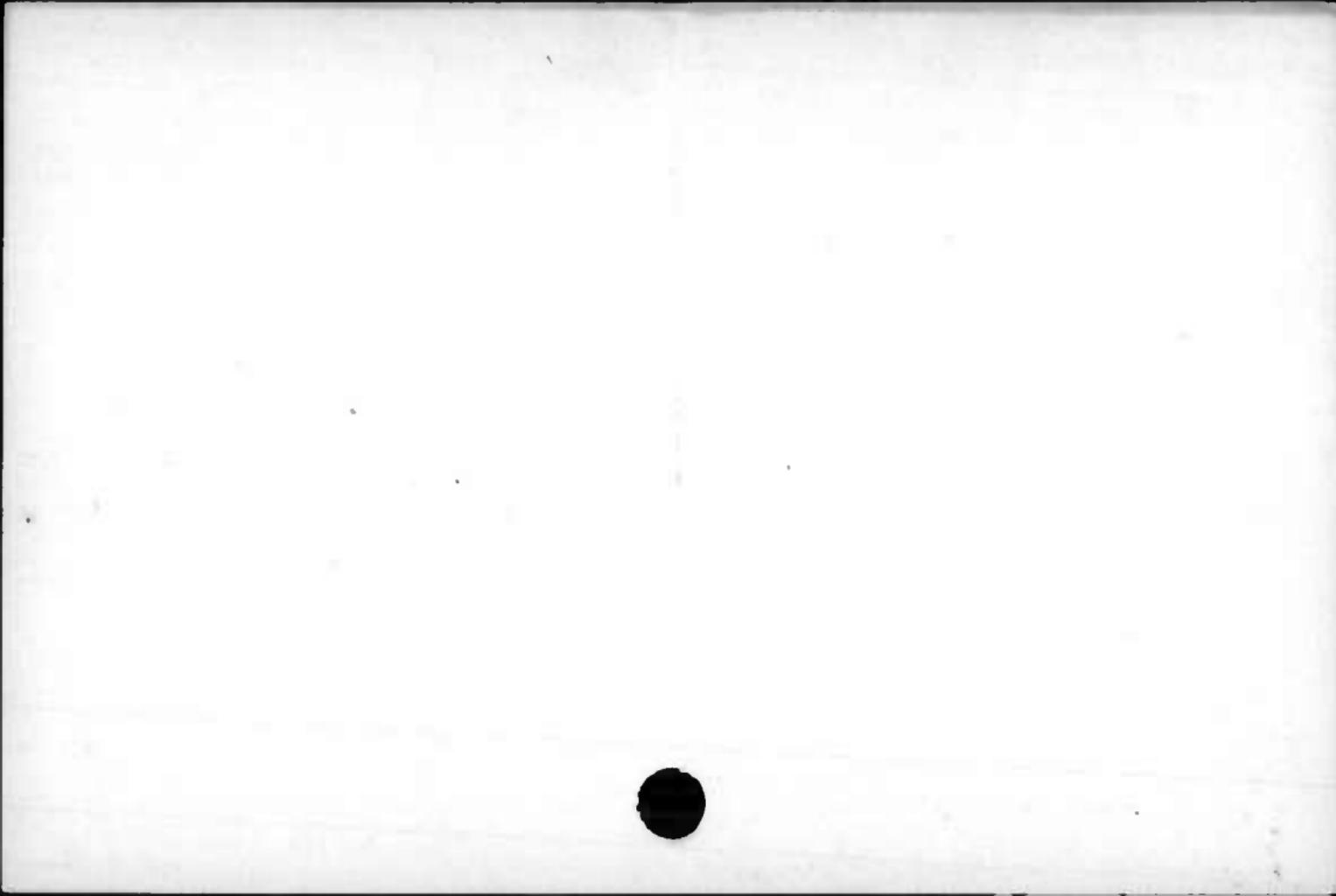
yes

Signature of Physician

Address

C. Brookmacher  
Vienna  
Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Margaret A. Hughes						CERTIFICATE OF DEATH	
Died at	Town	County					
Lakesville		Dorchester					
Date of death	Month	Day	Age	Years	Months	Days	
1907	Feb	18	94				
Sex	Female	Color or Race	White	Birth-place	Greenbury Co		
Occupation	Seamstress Lakesville						
Married, Single or Widowed	Sidow	Name of Wife or Husband	John Hughes	Where Residing if not at place of death			
Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Greenanne		
Name of person giving information	Mary J. Desney			How related to deceased	None		

CAUSES OF DEATH

I  
PHYSICIAN  
OR CORONER

Primary

Grief

How long

Graves

Immediate



How long

Are the name, age, sex, color, date and place correctly given above?

Yes

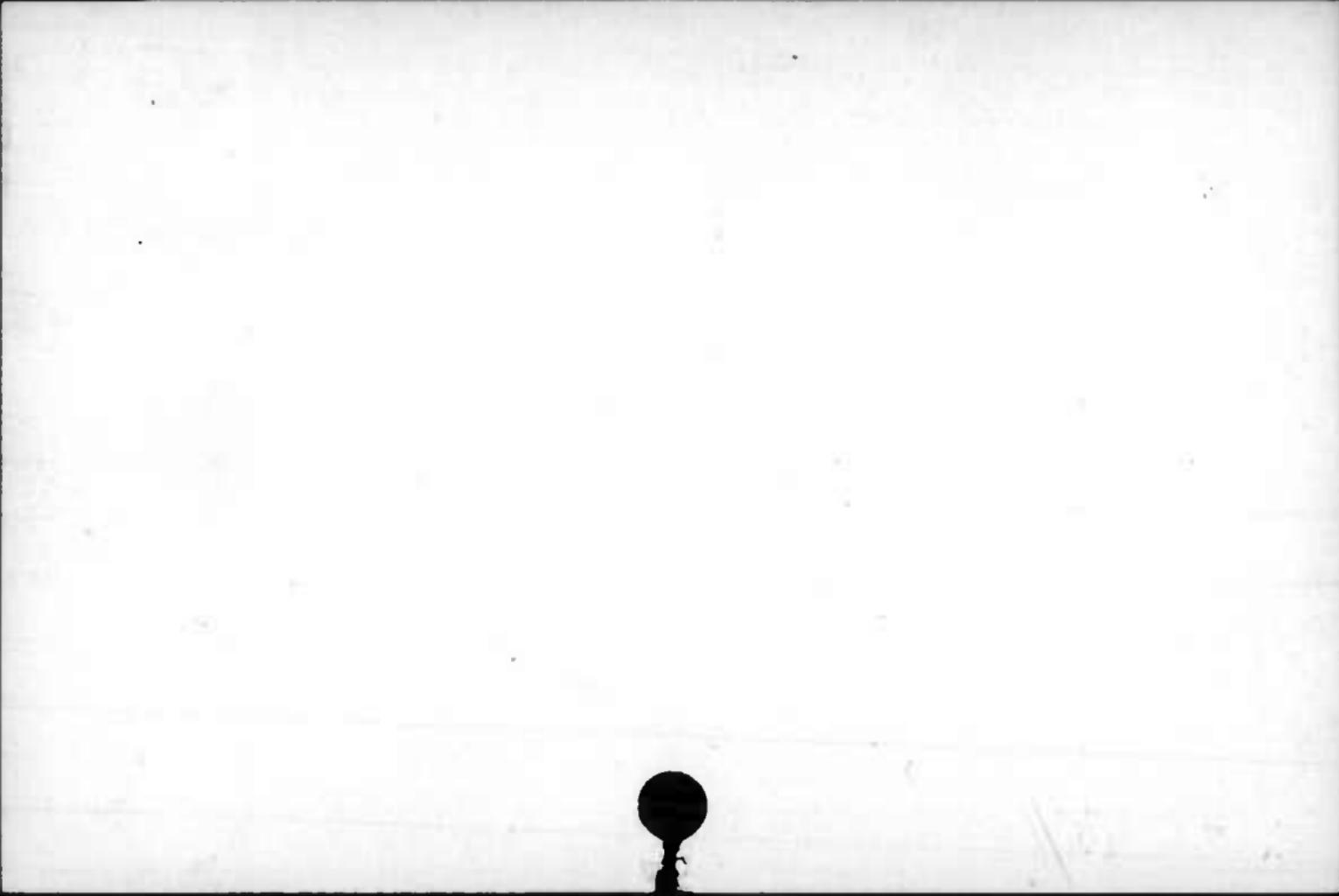
Signature of Physician

E. A. Power

Address

6 Taylor Ave

Accident or Suicide?



Name  
in  
Full

Kappina Lermann

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

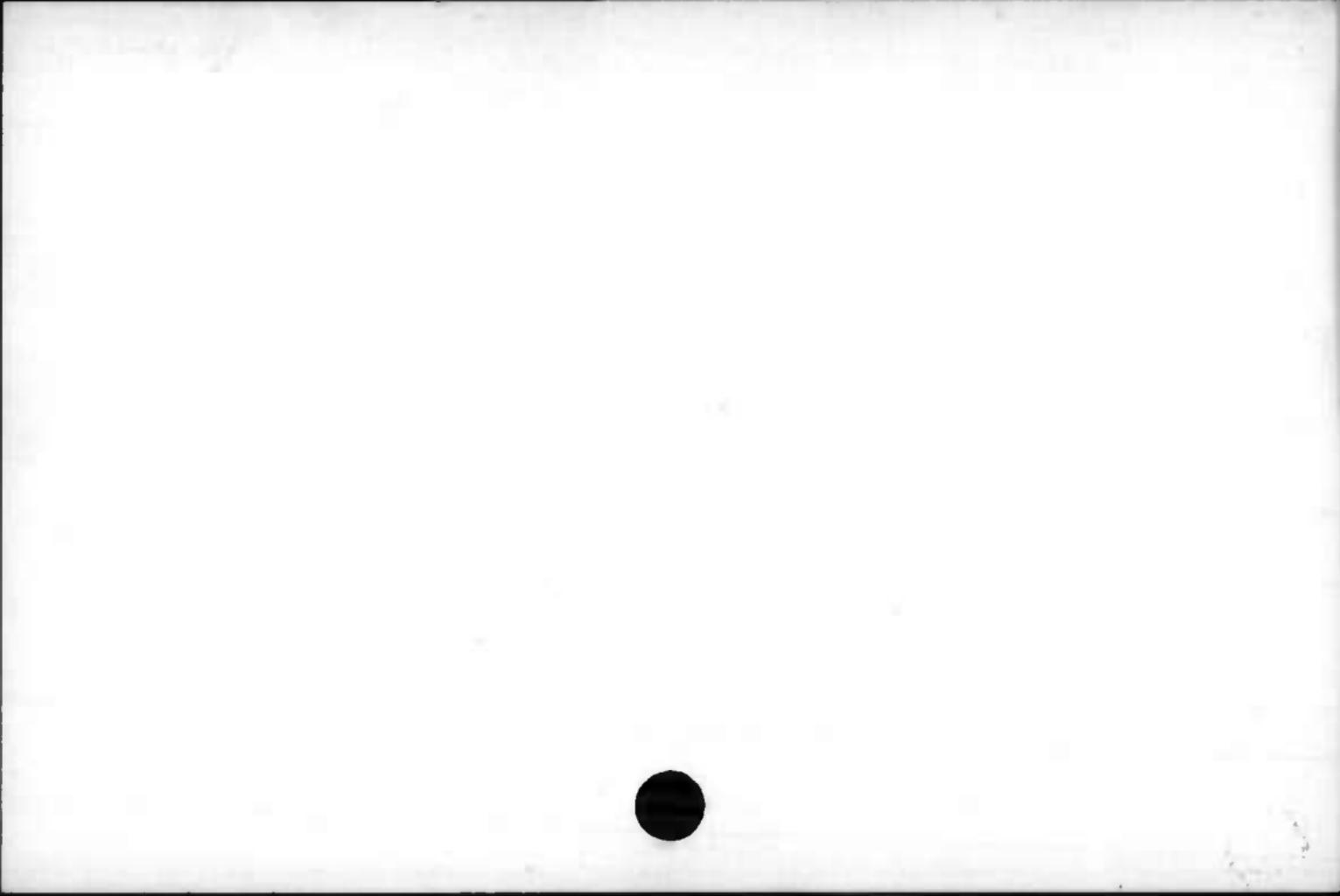
Died at	Town	County	MARYLAND
Died at	Baltimore	Ossocotter	
Date of death	Month	Day	Years
1907	7	10	Age 69 -
Sex	Color or Race	Birth-place	
Female	white	Germany	
Occupation	Where Residing if not at place of death	—	
House wife	—		
Married, Single or Widowed	Name of Wife or Husband		
widow	Jacoba Lermann		
Father's Name	Andreas Gressot	Father's Birthplace	Germany
Mother's Maiden Name	Krallan Bassett	Mother's Birthplace	Germany
Name of person giving Information	Alfreday Lermann	How related to deceased	Son

CAUSES OF DEATH

Primary	Pluney	How long	3 weeks
Immediate	Alphineum	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Martin H Goldsberry
		Address	Baltimore —
Accident or Suicide?			

PHYSICIAN  
OR CORONER





Name  
in  
Full

Fannie E Jackson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Cambridge</u>	County <u>Dorchester Co</u>	Md <u>MARYLAND</u>
Date of death	Month <u>Feb</u>	Day <u>3</u>	Years <u>Age 39</u>
Sex	Color or Race <u>Female Black</u>	Birth-place <u>Dorchester</u>	Months <u>2</u>
Occupation	House Wife	Where Residing if not at place of death <u>Bucktown</u>	Days <u>6</u>
Married, Single or Widowed	Name of Wife or Husband <u>James M Jackson</u>		
Father's Name	Josiah Perry	Father's Birthplace <u>Dorchester</u>	
Mother's Maiden Name	Rosia Lornish	Mother's Birthplace <u>..</u>	
Name of person giving Information	James M Jackson	How related to deceased <u>Husband</u>	

CAUSES OF DEATH

Primary Sloughing Myoma.

How long

Sometimes

Immediate Cardiac Embolus

How long

5 minute

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Ez Wolff

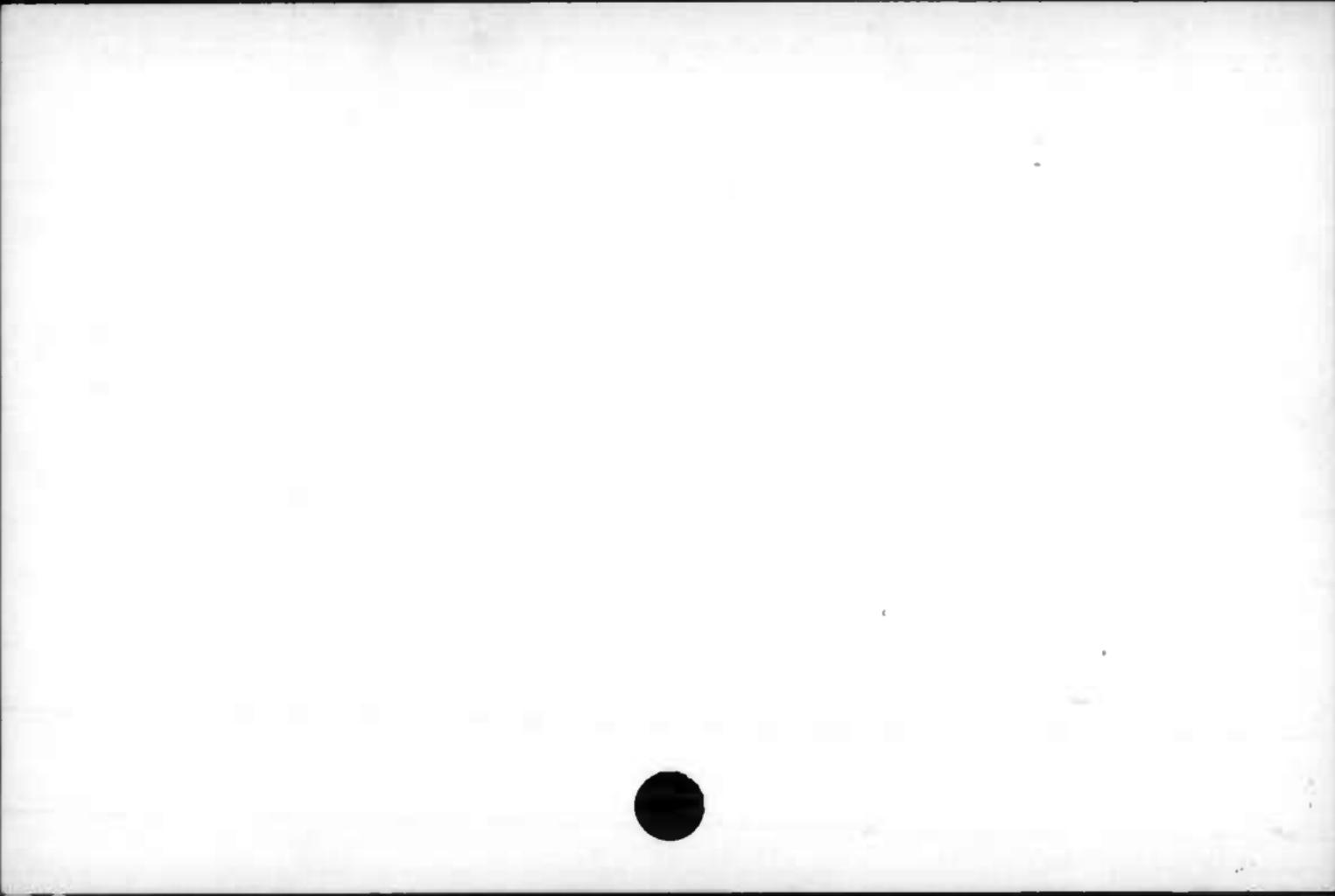
Address

Cambridge, Md

PHYSICIAN  
OR CORONER



Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

George Jackson

CERTIFICATE OF DEATH

Died at <u>Linthwood</u>		Town	County <u>Dorchester</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>8</u>	Years <u>1</u>	Age <u>1</u>	Months <u>6</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Occupation		Where Residing if not at place of death <u>Maryland</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Mr</u>					
Father's Name <u>Unknown</u>			Father's Birthplace			
Mother's Maiden Name			Mother's Birthplace <u>Maryland</u>			
Name of person giving Information <u>Douglas Jackson</u>			How related to deceased <u>Son Father</u>			

CAUSES OF DEATH

Primary

Whooping Cough (D)

How long

3 weeks or more

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

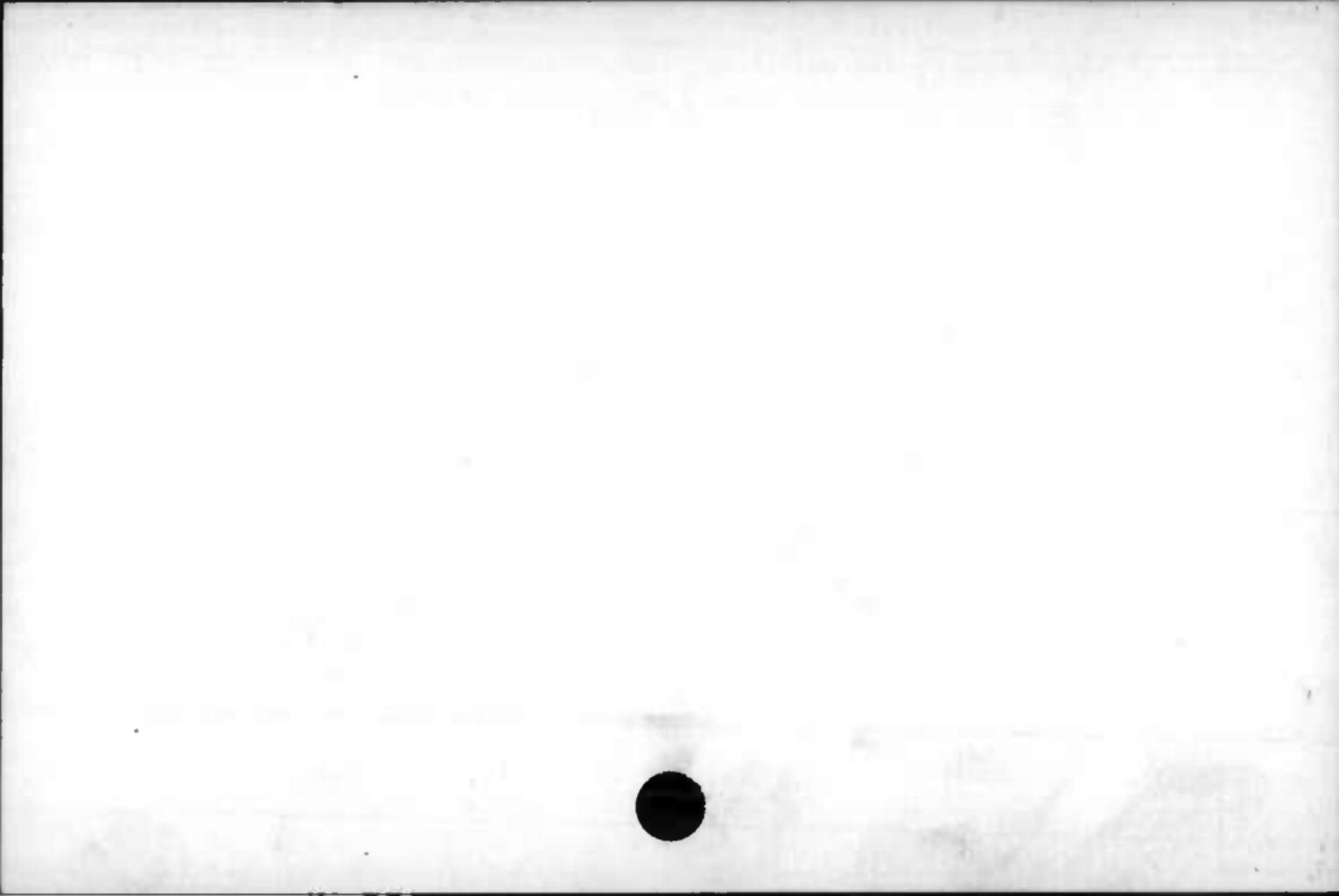
Yes

Signature of Physician

Address

A. M. Vincent  
asist

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Evelyn L Jones

Town

Died at Fishing Creek

County

Dorchester

MARYLAND

Date  
of death 1907

Month

Day

Years

Age 11

Months

Days

6 6

Sex Female

Color or  
Race

white

Birth-  
place

Dorchester Co.

Occupation

School-girl

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

John F. Jones

Father's  
Birthplace

Dorchester Co.

Mother's  
Maiden Name

Lillian Tyler

Mother's  
Birthplace

Dorchester Co.

Name of person giving  
Information

John F. Jones

How related  
to deceased

father

## CAUSES OF DEATH

Primary

Measles

⑥

How long

5 days

Immediate

Bronchi-Pneumonia

How long

10 days

Are the name, age, sex, color, date  
and place correctly given above?

yes

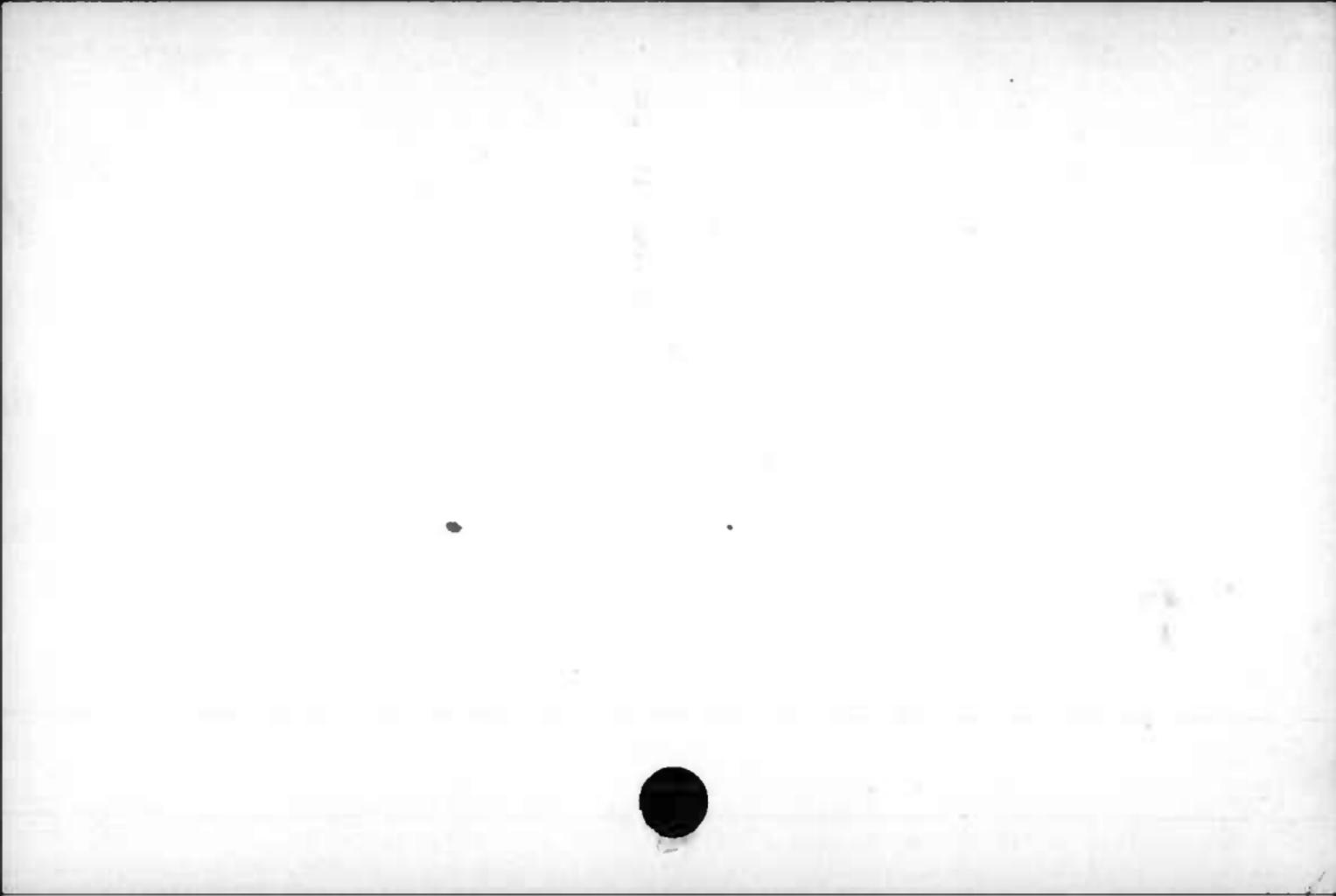
Signature of  
Physician

Address

W.S. Houston Jr.  
Fishing Creek Md.

Accident or Suicide?

1



Name  
in  
Full

Emma Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Died at	Cambridge	Baltimore			
Date of death	Month	Day	Years	Months	Days
1907	2	8	-	1	14
Sex	Female	Color or Race	white	Birth-place	Cambridge Md.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	—		
Father's Name	Wm. R. Jones	Father's Birthplace			
Mother's Maiden Name	Mary Smith	Mother's Birthplace			
Name of person giving Information	Wm. R. Jones	How related to deceased			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Mania

(5)

How long

all life

Immediate

Exhaustion

How long

Progressive

Are the name, age, sex, color, date and place correctly given above?

Yes

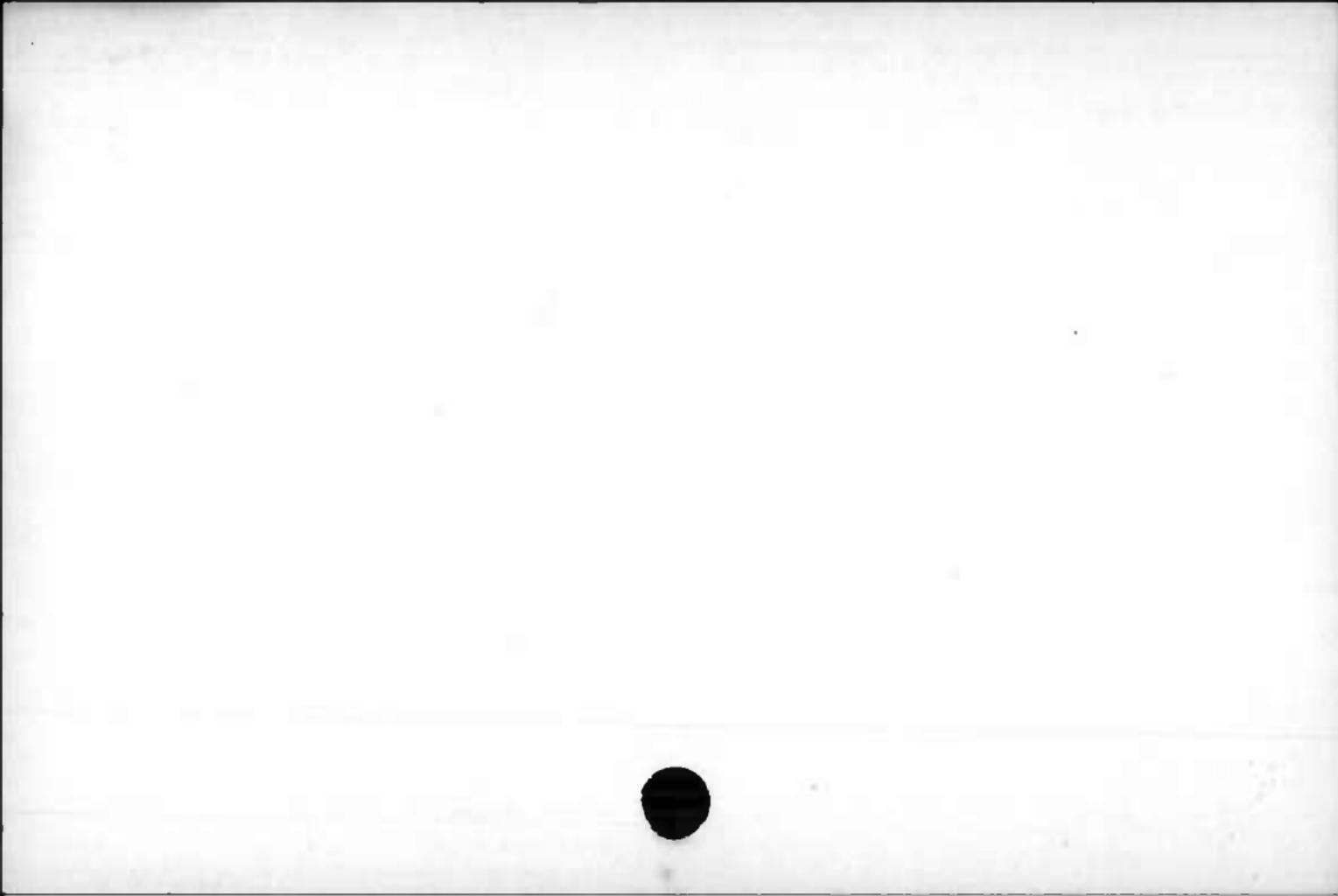
Signature of Physician

Address

Bray Stiles  
Cambridge Md.

1

Accident or Suicide?



Name  
in  
Full

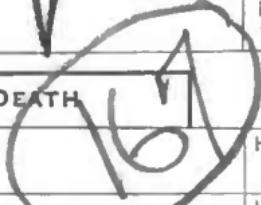
A. Emily Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Cambridge</b> Town		<b>Maryland</b> County		<b>MARYLAND</b>	
Date of death <b>1907</b>	Month <b>2</b>	Day <b>28</b>	Years <b>82</b>	Months <b>4</b>	Days <b>3</b>
Sex <b>Female</b>	Color or Race <b>white</b>	Birth-place <b>On. C. Md.</b>			
Occupation <b>housewife</b>		Where Residing if not at place of death			
Married, Single or Widowed <b>widow</b>	Name of Wife or Husband <b>Jean Jones</b>				
Father's Name <b>Miss Conroy</b>			Father's Birthplace <b>Md.</b>		
Mother's Maiden Name <b>Sallie Spinner</b>			Mother's Birthplace <b>Md.</b>		
Name of person giving Information <b>Annie Jones</b>			How related to deceased <b>daughter</b>		

CAUSES OF DEATH

Primary **Burns half of body**  How long **—**

Immediate **Pul. & bronch. Inhalation of flame** How long **5/4 hours**

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above? **yes**

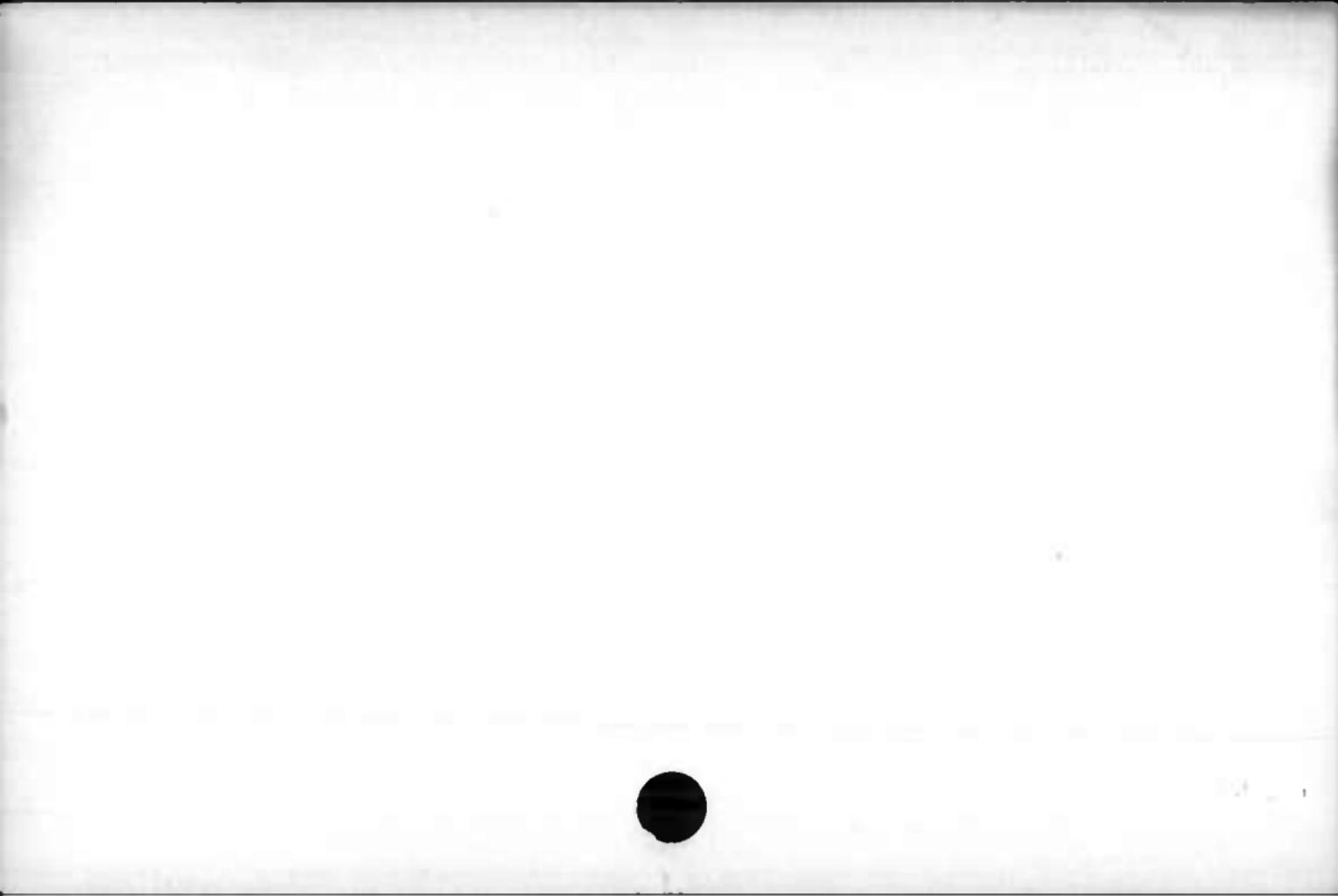
Signature of  
Physician

Address

**Mayhew 2nd**  
**Cambridge Md.**

1

Accident or Suicide?



Name  
in  
Full

Spencer Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town.	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	—
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	alonga Jones	Mother's Birthplace	
Mother's Maiden Name	annie Cephas	Md	
Name of person giving Information	alonga Jones	Md	
		Father	

CAUSES OF DEATH

Primary

no longer  
Pneumonia

(10)

How long

1 week

Immediate

Pneumonia

How long

1 day

Are the name, age, sex, color, date and place correctly given above?

yes

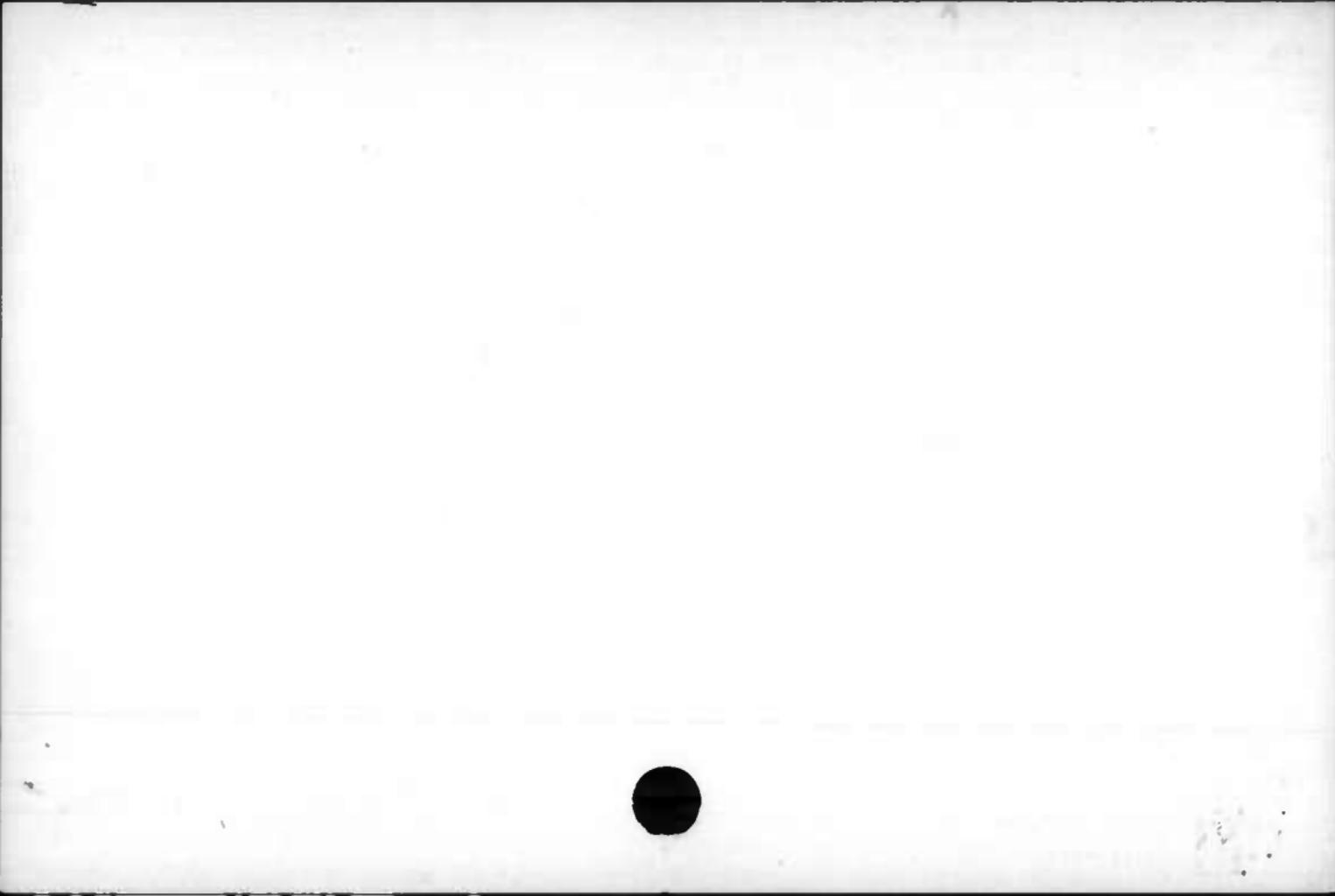
Signature of Physician

Address

Beth Maguire  
Harkness Md

I  
or CORONER

Accident or Suicide?



Name  
in  
Full

Louie Lake

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1907	2	10	5-	6	10
Sex	Female	Color or Race	Dunk	Birth-place	Babri Creek
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	Babri Creek		
Father's Name	Fred Jews				
Mother's Maiden Name	Grace Lake				
Name of person giving Information	Grace Lake				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Double pneumonia

How long

Three weeks

(93)

How long

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

H. F. Nichols M.D.

Address

E. N. Market M.D.

I

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Susan McGlotten

CERTIFICATE OF DEATH

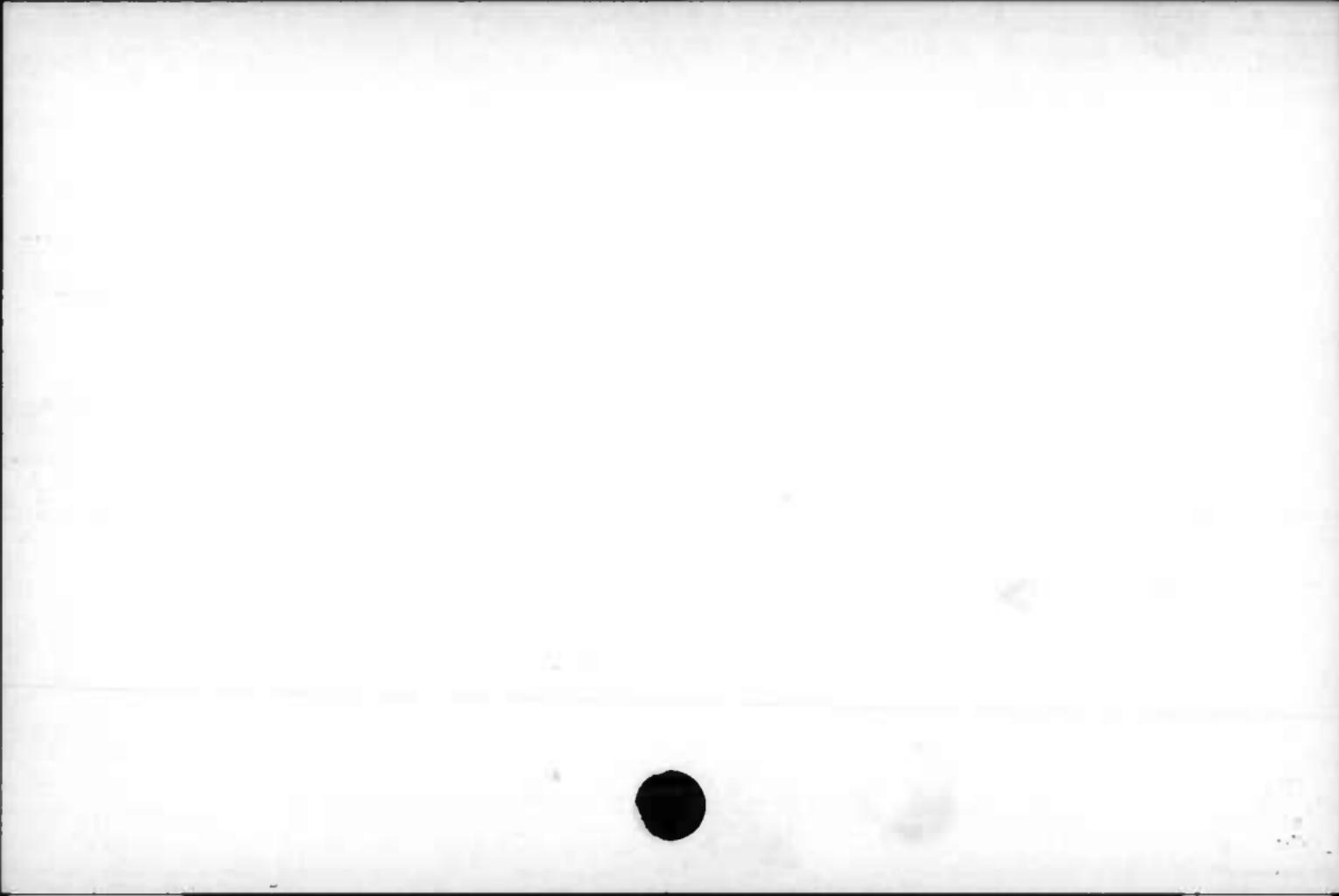
Died at	Town	County	Md
Cambodge		Dorchester Co	MARYLAND
Date of death 1907	Month Feb	Day 23	Years 10
Age	Months	Days	
Sex Female	Color or Race	Black	
Occupation School Girl	Where Residing if not at place of death	Bucklow ma Cambodge ma	
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Bucklow ma
Father's Name	Levin McGlotten	Mother's Birthplace	Bucklow ma
Mother's Maiden Name	Mary Henry	How related to deceased	Mother
Name of person giving Information	Mary Henry		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	(Hysteria) Meningitis - Other Nervous	How long	6 or 8 weeks
Immediate	meningitis -	How long	1 week
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E.W. Self
		Address	Cambodge Ma

Accident or Suicide?



Name  
in  
Full

Sarah Mc. McNamara

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

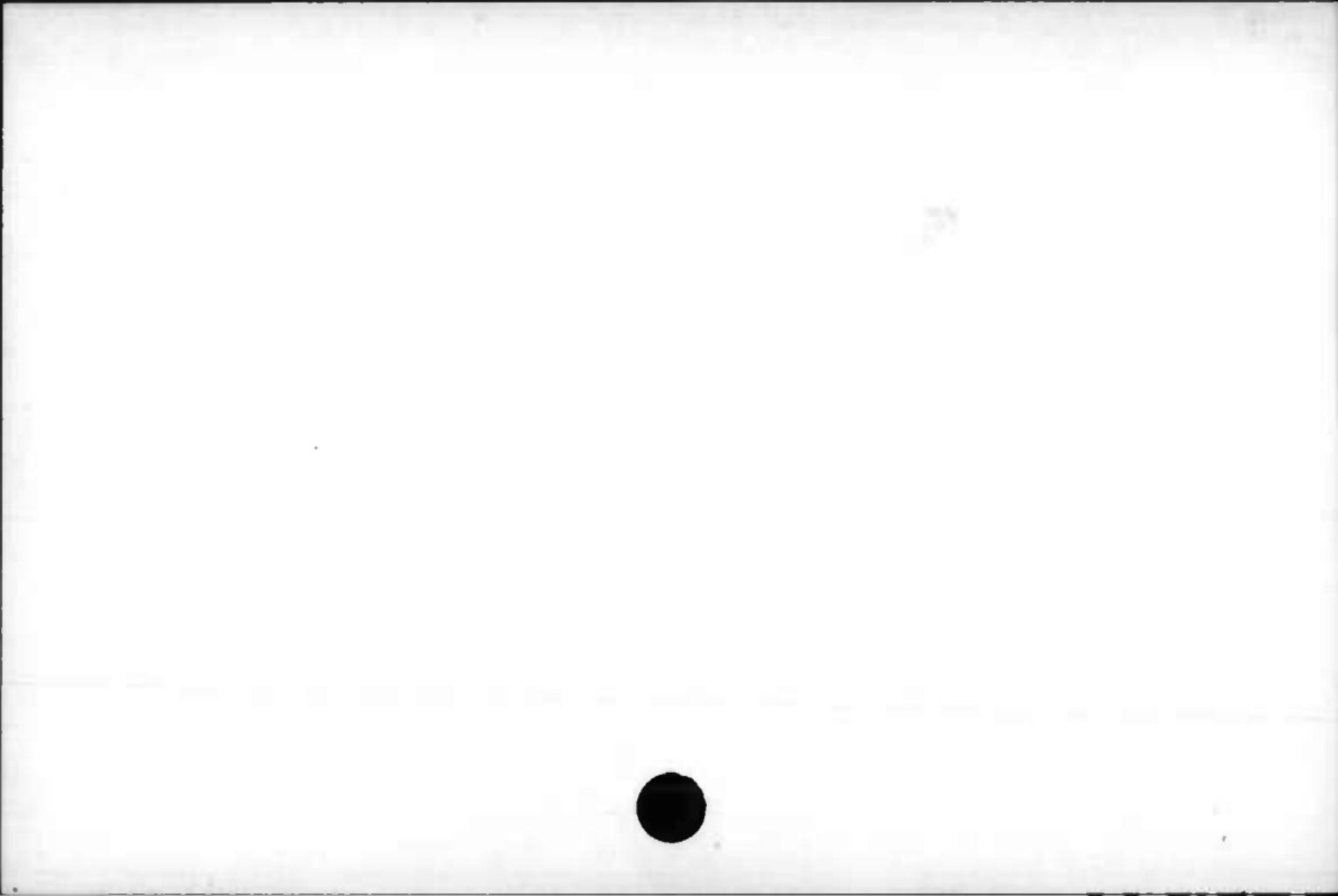
Died at	Town	County	MARYLAND
Date of death 1907	Month Feb.	Day 20	Years 85
Age	Months 8	Days 10	
Sex Female	Color or Race White	Birth-place Maryland	
Occupation Housewife	Where Residing if not at place of death Cambridge "		
Married, Single or Widowed Widow	Name of Wife or Husband Lavin R. Mc Namara		
Father's Name Lavin Moore	Father's Birthplace Maryland		
Mother's Maiden Name Do not know	Mother's Birthplace "		
Name of person giving Information James W. McCready	How related to deceased Grandson		

CAUSES OF DEATH

Primary	Senility with Gastritis	
Immediate	Asthma	
Are the name, age, sex, color, date and place correctly given above?	Yes -	Signature of Physician Martin W Goldsborough
	Address	Cambridge Md. Willis
Accident or Suicide?		

PHYSICIAN  
OR CORONER





Name  
In  
Full

Jeffant C Manning

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

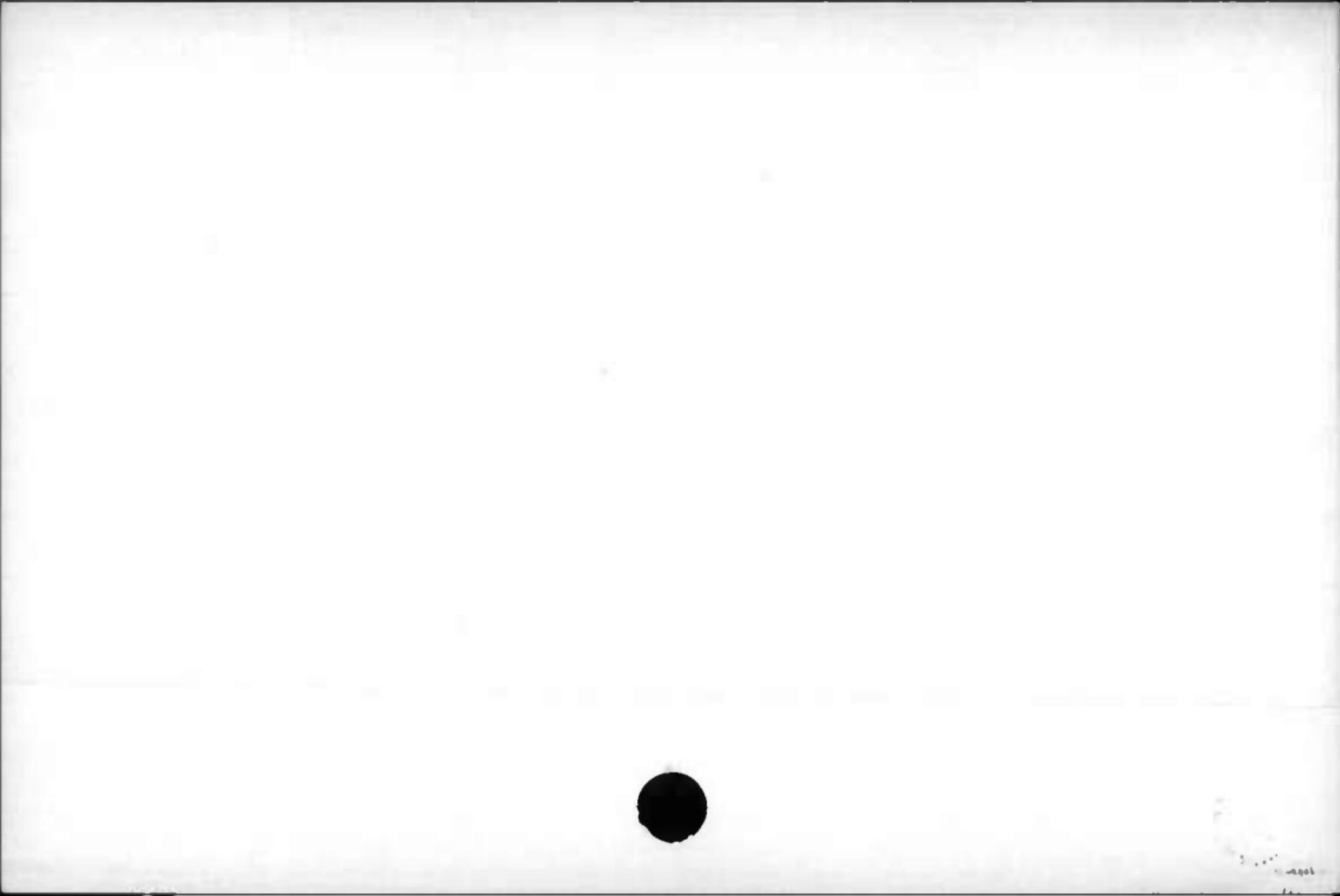
Died at <u>Middleton</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>2</u>	Day <u>26</u>	Age <u>-</u>	Years <u>-</u>	Months <u>-</u>	Days <u>a few minutes</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Middleton Md.</u>				
Occupation <u>None</u>	Where Residing if not at place of death <u>    </u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>    </u>	Father's Birthplace <u>    </u>				
Father's Name <u>Hamilton Manning</u>	<input checked="" type="checkbox"/>	Mother's Birthplace <u>    </u>				
Mother's Maiden Name <u>Eva M<sup>el</sup> Colister</u>	<input checked="" type="checkbox"/>	How related to deceased <u>Father</u>				
Name of person giving information <u>H. Manning</u>	<input checked="" type="checkbox"/>					

CAUSES OF DEATH

Primary <u>Being asphyxiated by physician</u>	How long <u>-</u>
Immediate <u>Asphyxiation from blood &amp; mucus</u>	How long <u>a few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Guy Stark</u>
	Address <u>Cambridge Md.</u>
Accident or Suicide?	

PHYSICIAN  
CORONER





Name  
in  
Full

Willie McAnokey

CERTIFICATE OF DEATH

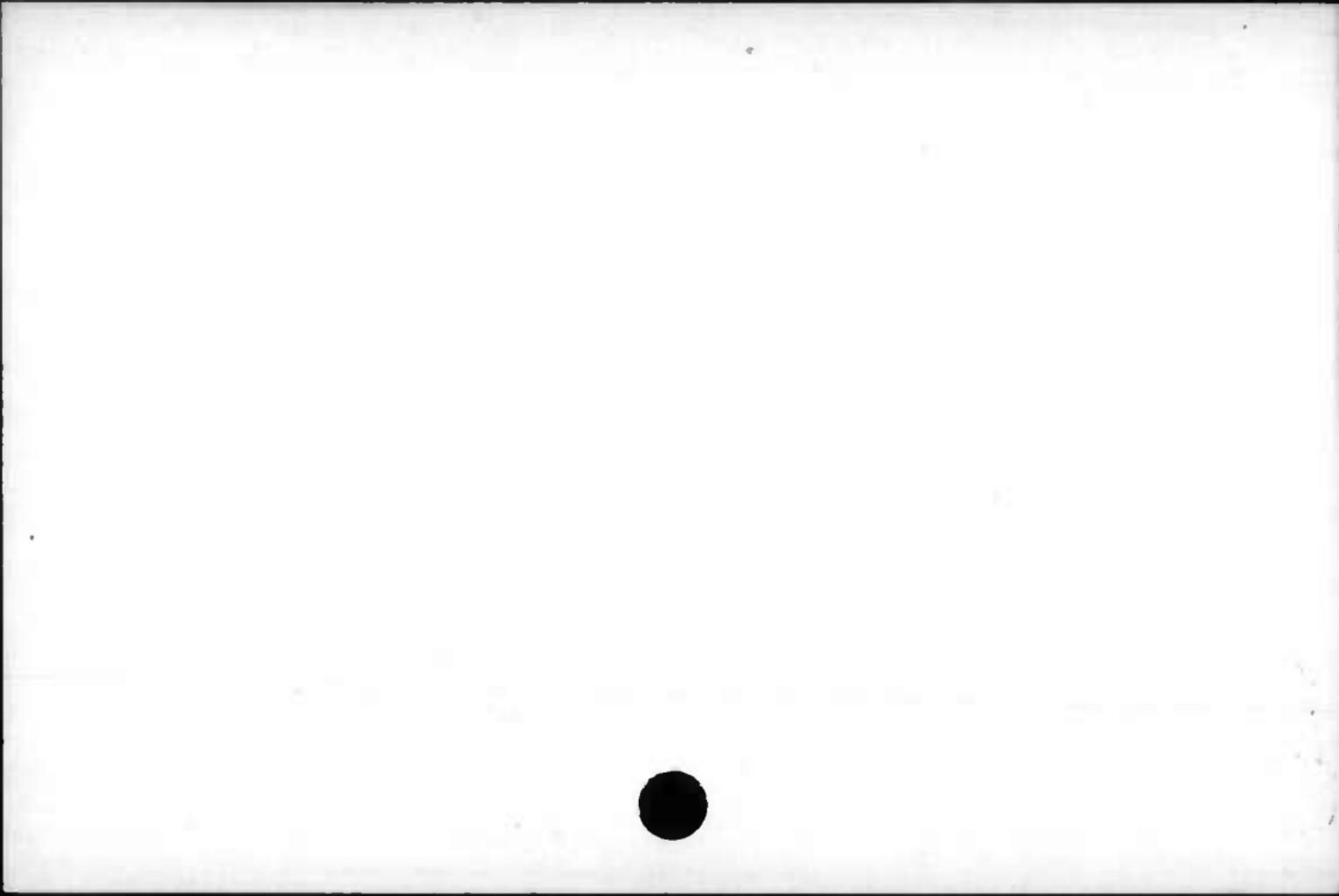
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Egypt Road		County	MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Col.	Birth-place	Dor. Co., Md.	
Occupation	Infant		Where Residing if not at place of death			
Married, Single or Widowed	Infant	Name of Wife or Husband		Father's Birthplace	Dor. Co., Md.	
Father's Name	John McAnokey			Mother's Birthplace	Dor. Co., Md.	
Mother's Maiden Name	Hattie Hughes			How related to deceased	Father	
Name of person giving information	John McAnokey					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pneumonia	(93)	How long
Immediate	—		How long
Are the name, age, sex, color, date and place correctly given above?		Probably	Signature of Physician
			Address
Accident or Suicide?		(Redacted)	



Name  
in  
Full

Dorothy Grace Newton

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town Died at Cambridge	County Dorchester	MARYLAND			
Date of death 1907	Month February	Day 7 <sup>th</sup>	Years Age 3	Months 2	Days 10
Sex female	Color or Race white	Birth- place Cambridge			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name Geo. F. Newton	V			Father's Birthplace Dorchester	
Mother's Maiden Name Marie Loretto Gaule	V			Mother's Birthplace Dorchester	
Name of person giving Information Geo. F. Newton	V			How related to deceased Father	

CAUSES OF DEATH

I PHYSICIAN  
OR CORONER

Primary Marasmus	(15)	How long 2 mos
Immediate Asthma		How long 1 wk
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician Mark Goldsmith	
	Address Learnedge Md.	
Accident or Suicide?		



Name  
in  
Full

Nichole

CERTIFICATE OF DEATH

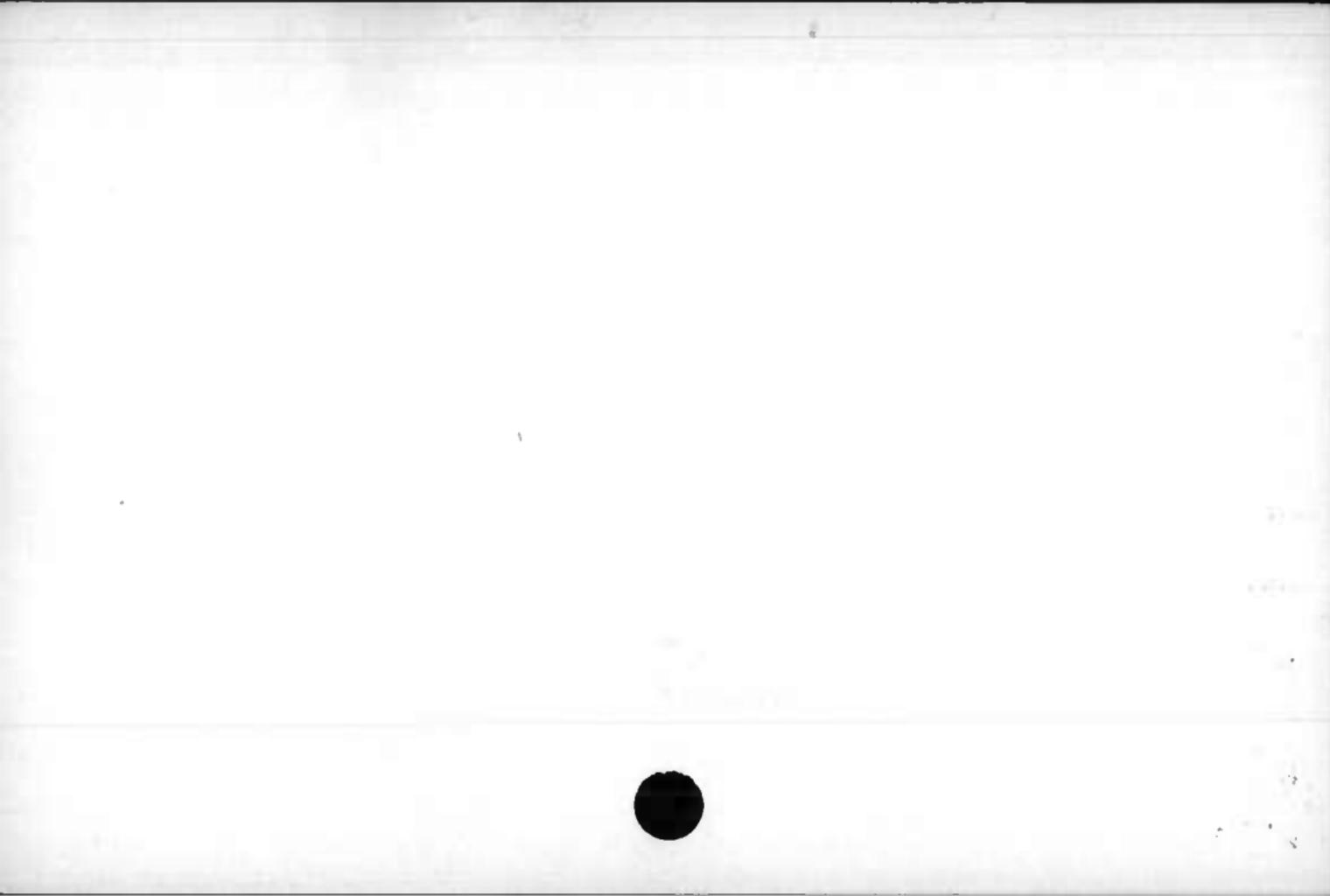
To BE ANSWERED BY  
NEAREST FRIEND

Town	Dover			County	Maryland	
Died at	near Church Creek	Month	Feb.	Year	—	Days
Date of death	1907	Day	8 <sup>th</sup>	Age	—	15
Sex	Female	Color or Race	Col.	Birth-place	Dover, Md.	
Occupation	Infant			Where Residing if not at place of death	—	
Married, Single or Widowed	Infant	Name of Wife or Husband	Infant	Father's Birthplace	Dover, Md.	
Father's Name	James Nichols			Mother's Birthplace	Dover, Md.	
Mother's Maiden Name	Mary Cooper			How related to deceased	None	
Name of person giving information	Howard Richardson					

CAUSES OF DEATH

Primary	Don't know	(179)	How long	—
Immediate	—		How long	—
Are the name, age, sex, color, date and place correctly given above?	Probably	Signature of Physician	R. S. Smithson	
		Address		
Accident or Suicide?				





Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

North

CERTIFICATE OF DEATH

Died at

Town

Cornersville

County

Baltimore

MARYLAND

Date  
of death

Month

Day

Years

0

Months

3

Days

4

Sex

Male

Color or  
Race

White

Birth-  
place

Cornersville

Occupation

None

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

None

Father's  
Name

Lake North

Father's  
Birthplace

MD

Mother's  
Maiden Name

S. E. Marshall

Mother's  
Birthplace

MD

Name of person giving  
Information

A. Marshall

How related  
to deceased

g-mother

CAUSES OF DEATH

Primary

Pertussis

(S)

How long

1 mo

Immediate

convulsions - bronchopneumonia

How long

2 week

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

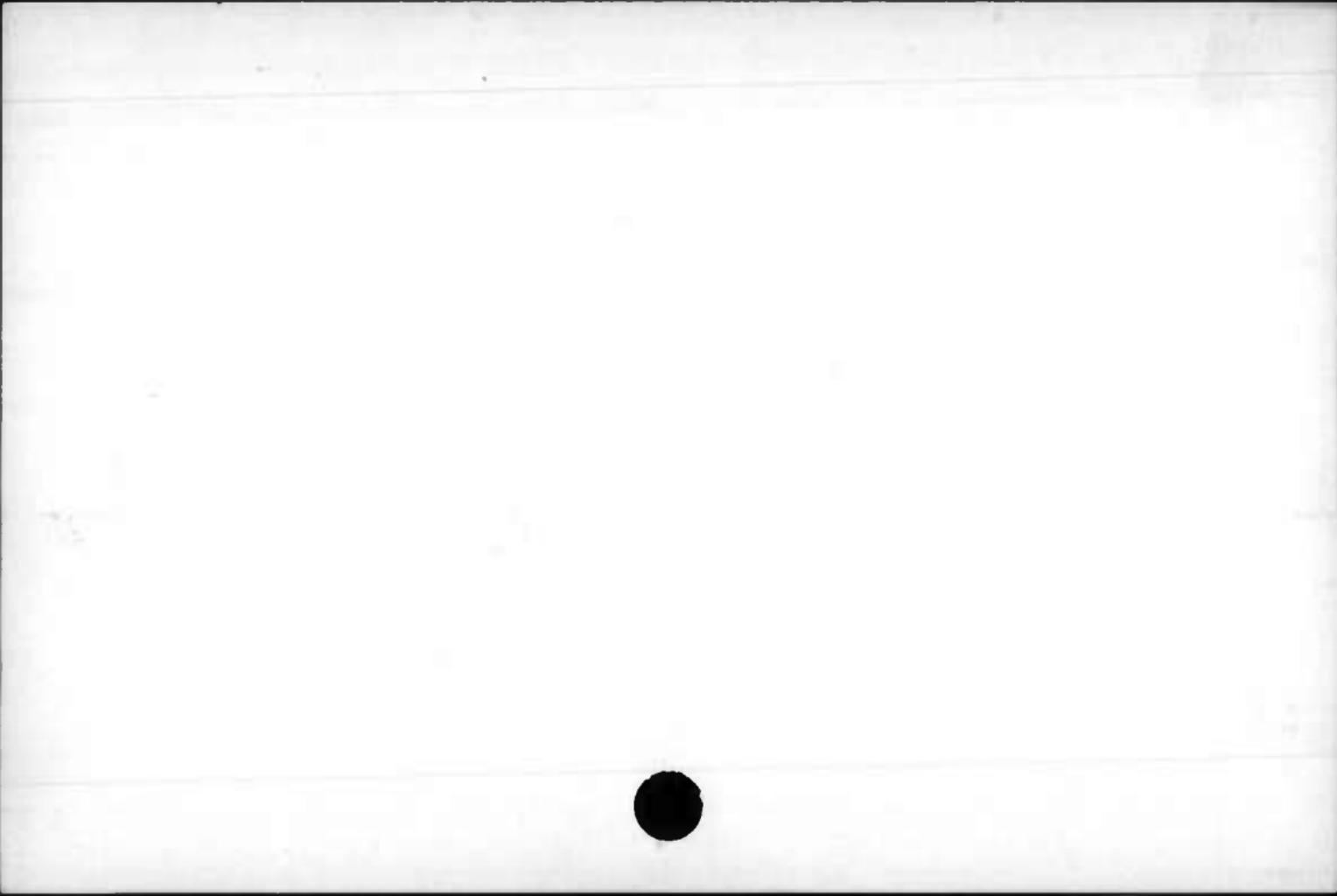
S A Stokes

Address

Cornersville

1

Accident or Suicide?



Name  
in  
Full

Lavinia A. Otho

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died near Madison		Town	Dorchester	County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
1907	Feb.	20 <sup>th</sup>	70			
Sex	Genuine	Color or Race	Col.	Birth-place	Dor. Co. Md.	
Occupation	House	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	John Otho			
Father's Name	Charles Reden			Father's Birthplace	Dor. Co. Md.	
Mother's Maiden Name	Don't know			Mother's Birthplace	—	
Name of person giving information	John Bailey			How related to deceased	None	

CAUSES OF DEATH

Primary

Hemiplegia

64

How long

Six months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Probably

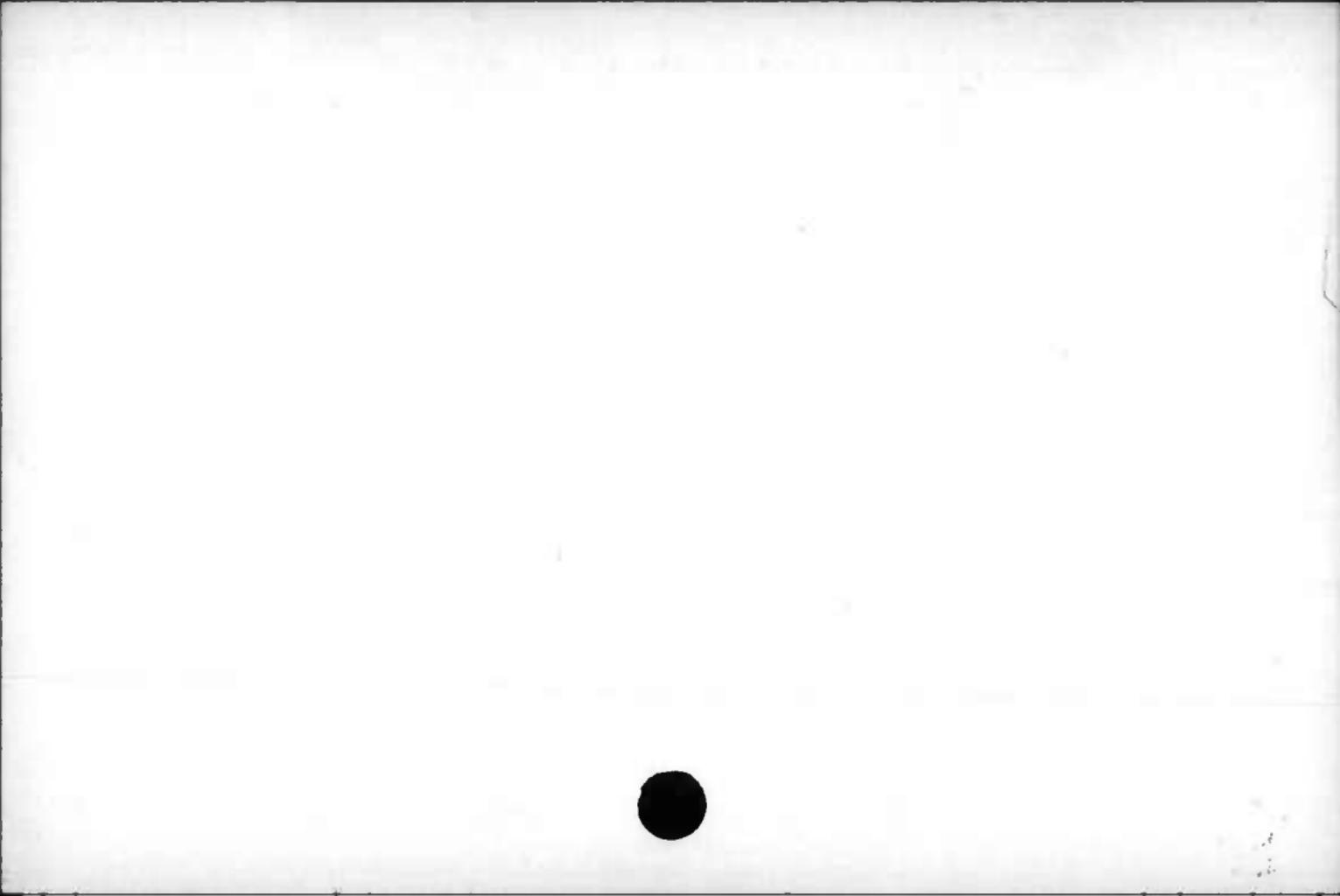
Signature of Physician

R. L. Smith Esq.

Address

Accident or Suicide?





Name  
in  
Full

Mary E Parks

CERTIFICATE OF DEATH

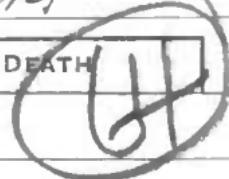
To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
CORONER

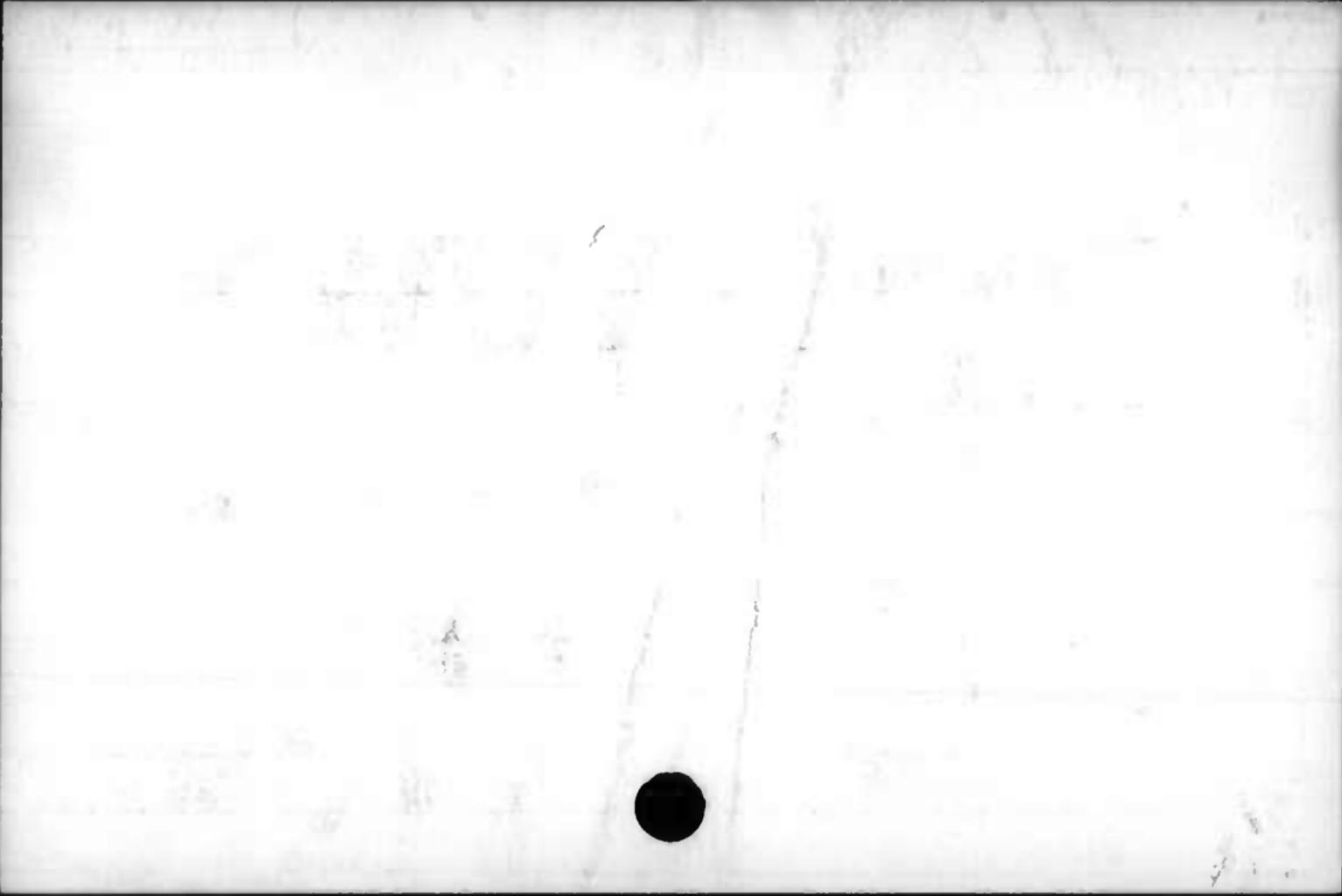


Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	George W Parks		
Father's Name	Elias Parks			
Mother's Maiden Name	don't know			
Name of person giving Information	James Parks			

CAUSES OF DEATH



Primary	Hepatitis -		How long	4 days
Immediate	Paroxysm		How long	2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Martin W Goldsborough	
		Address	Cumbungi Md	
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

John Patterson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Where Residing if not at place of death	Birth-place	
Occupation		Brooklyn, Patterson	Brooklyn, S	
Married, Single or Widower	Name of Wife or Husband		Father's Birthplace	unknown
Father's Name			Mother's Birthplace	unknown
Mother's Maiden Name			How related to deceased	wife
Name of person giving Information				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

organic heart disease

(93)

How long

Immediate

pneumonia

How long

Are the name, age, sex, color, date and place correctly given above?

yes

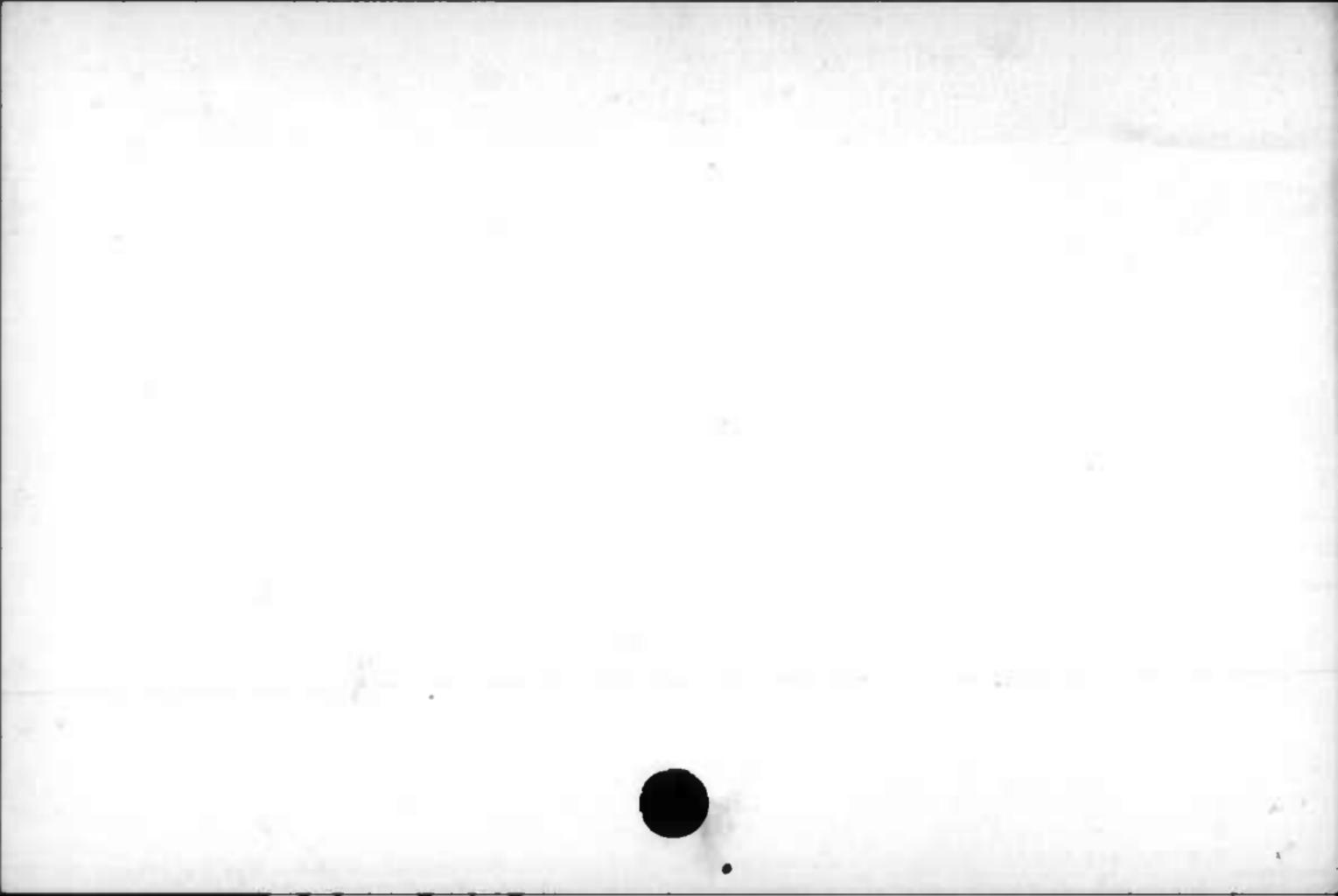
Signature of Physician

Address

George Rogers  
Hartford, Md.

1

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Bessie Poznansky

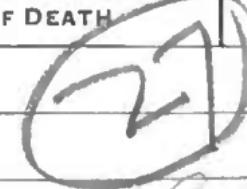
CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days	
7	7	19	24	6	10	
Sex Female	Color or Race	Occupation		Birth-place		
Married, Single or Widowed		Waitress		Dor Co		
Name of Wife or Husband	Joe Poznansky					
Father's Name	Emmanuel Zvi				For Co	
Mother's Maiden Name	Elizabeth Shurewicz				Dor Co	
Name of person giving information	Joe Poznansky				Shurewicz	

CAUSES OF DEATH

Primary

Tuberculosis



How long

Immediate

Tuberculosis

How long

Are the name, age, sex, color, date and place correctly given above?

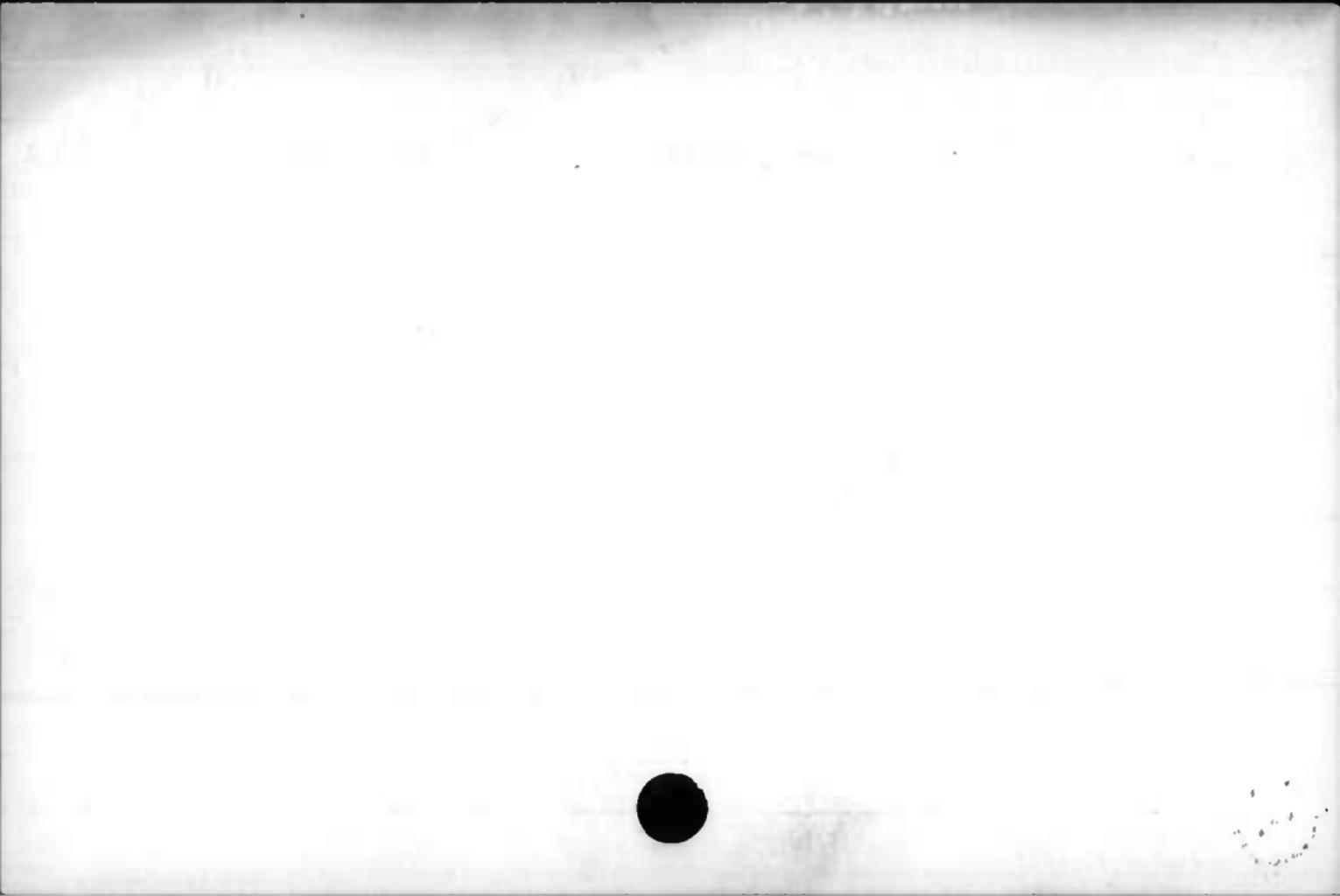
Yrs

Signature of Physician

G. Roger Meyer

Address

Accident or Suicide?



Name  
in  
Full

Charles Pinder

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Town	Hawthorne			County	Rochester		
Died at	Month	Day	Years	Months	Days	MARYLAND	
Date of death	1907	Feb.	9 <sup>th</sup>	Age	5-		
Sex	male	Color or Race	Colored	Birth-place	Md.		
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name	Nellie Pinder			Mother's Birthplace			
Name of person giving information	Steven Pinder			How related to deceased			

CAUSES OF DEATH

Primary

Lagrippe

How long

8 days

Immediate

Pneumonia

How long

3 days

I

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

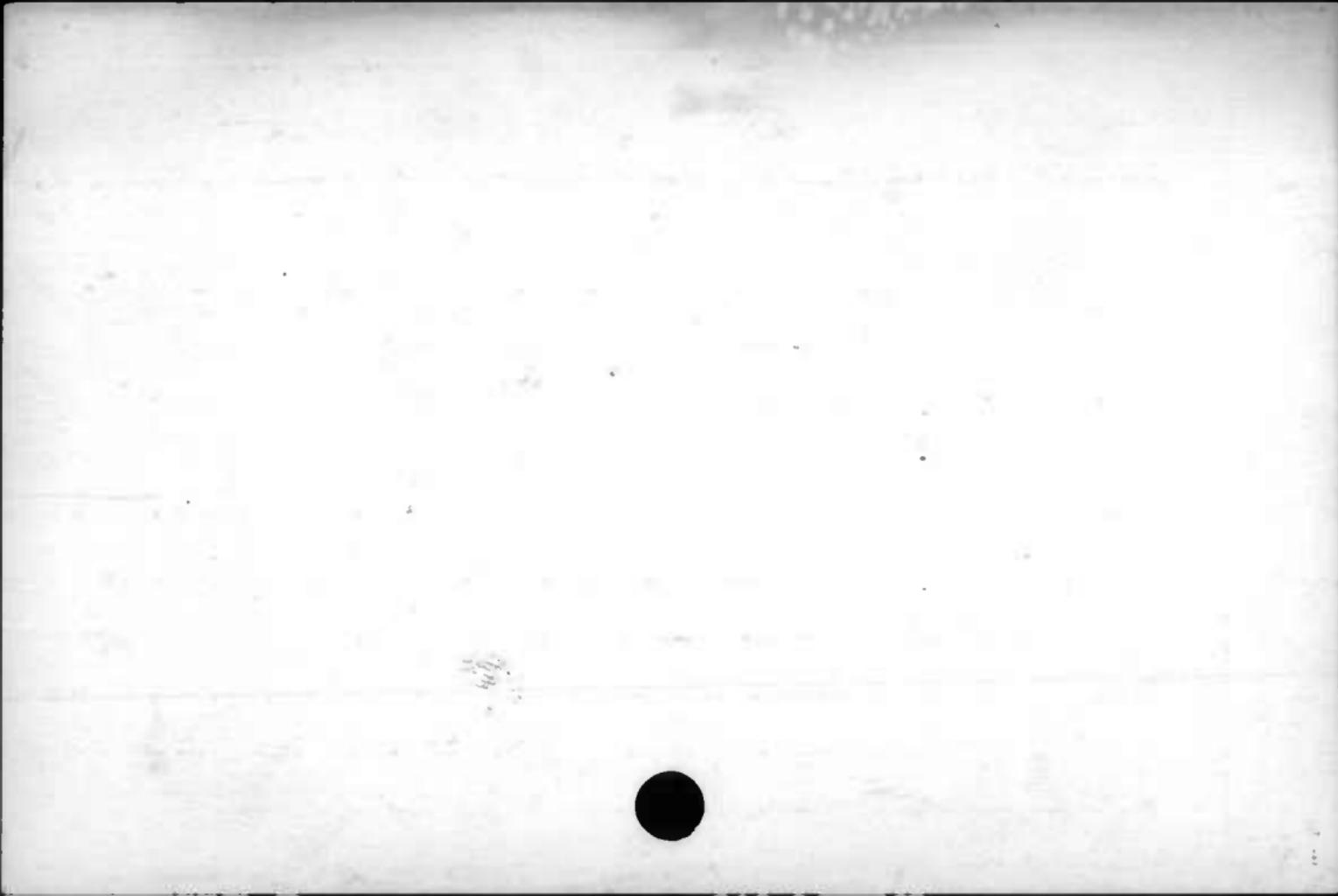
yes

Signature of Physician

Address

R. J. McGuire  
Hawthorne Md.

Accident or Suicide?



Name  
in  
Full

Janie Robinson

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	Cambridge	County	Dorchester	MARYLAND					
Date of death	Month	Feb.	Day	10	Years	70	Months	—	Days	—
Sex	Female	Color or Race	White	Birth-place	Maryland					
Occupation	Dressmaker	Where Residing if not at place of death	Cambridge "							
Married, Single or Widowed	Widow	Name of Wife or Husband	Edward P. Robinson							
Father's Name	Solomon Robinson	Father's Birthplace	Maryland							
Mother's Maiden Name	Rachel Robinson	Mother's Birthplace	"							
Name of person giving Information	Thomas J. Robinson	How related to deceased	Stephan							

CAUSES OF DEATH

Primary Coronary of heart 43 How long sometimes

Immediate Facial & fracture How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

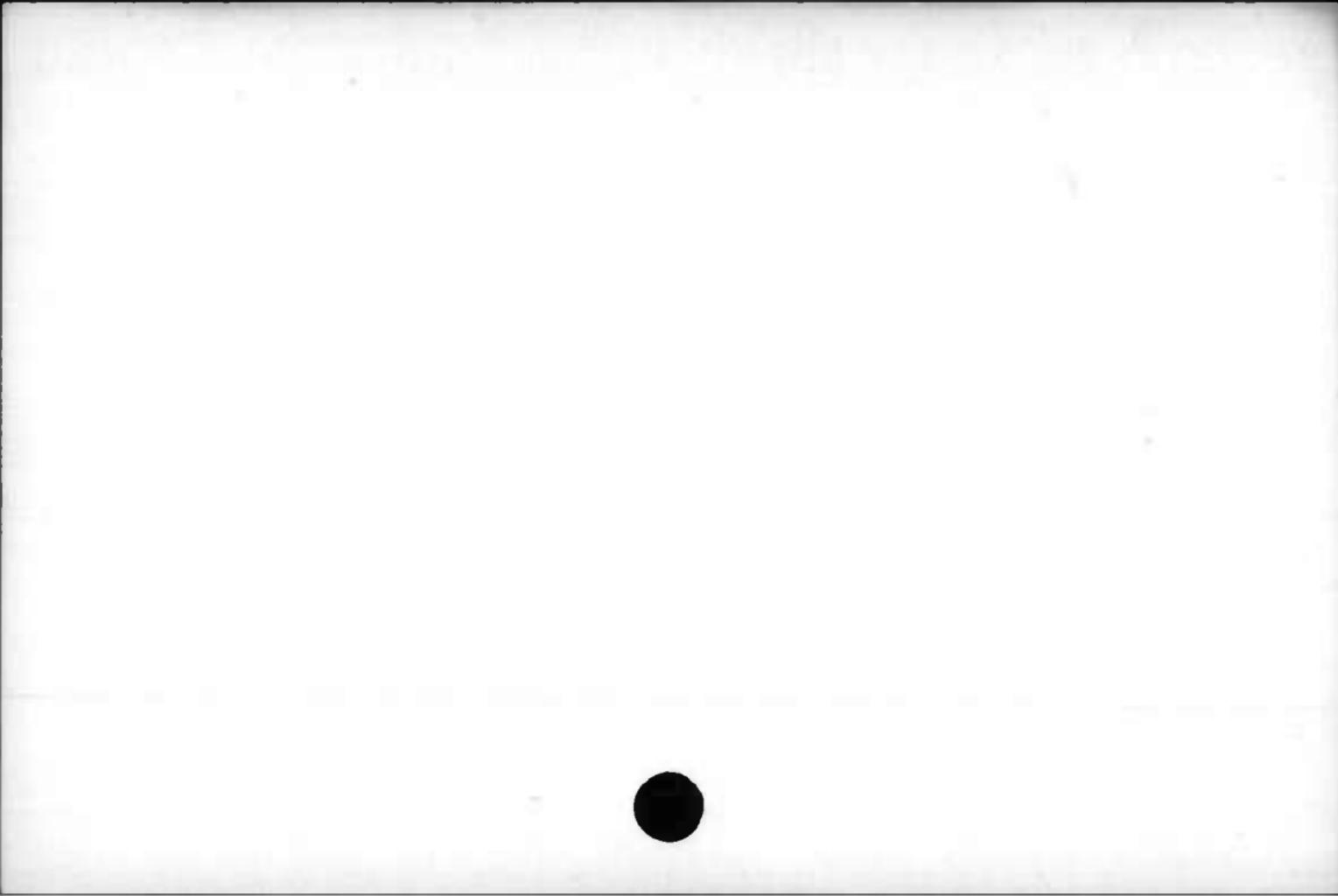
Hugh Steele Street office

Address

Cambridge Md.

Accident or Suicide?

No physician in attendance



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Hester Ann Rawley

CERTIFICATE OF DEATH

Died at Hills Point

Town

County

MARYLAND

Date  
of death

1907 Feb 24

Month

Day

Years

Months

Days

Age 3

0

10

Sex

Female

Color or  
Race

Negro

Birth-  
place

Hills Pt. Md.

Occupation

none

Where Residing if not  
at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Birthplace

Md.

Father's  
Name

Parker Rawley

Mother's  
Maiden Name

Sarah Carnish

Mother's  
Birthplace

Md.

Name of person giving  
Information

Ann Carnish

How related  
to deceased

Grand m-

CAUSES OF DEATH

Primary

Pertussis - bronchitis

How long

6 weeks

Immediate

convulsions

How long

12 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

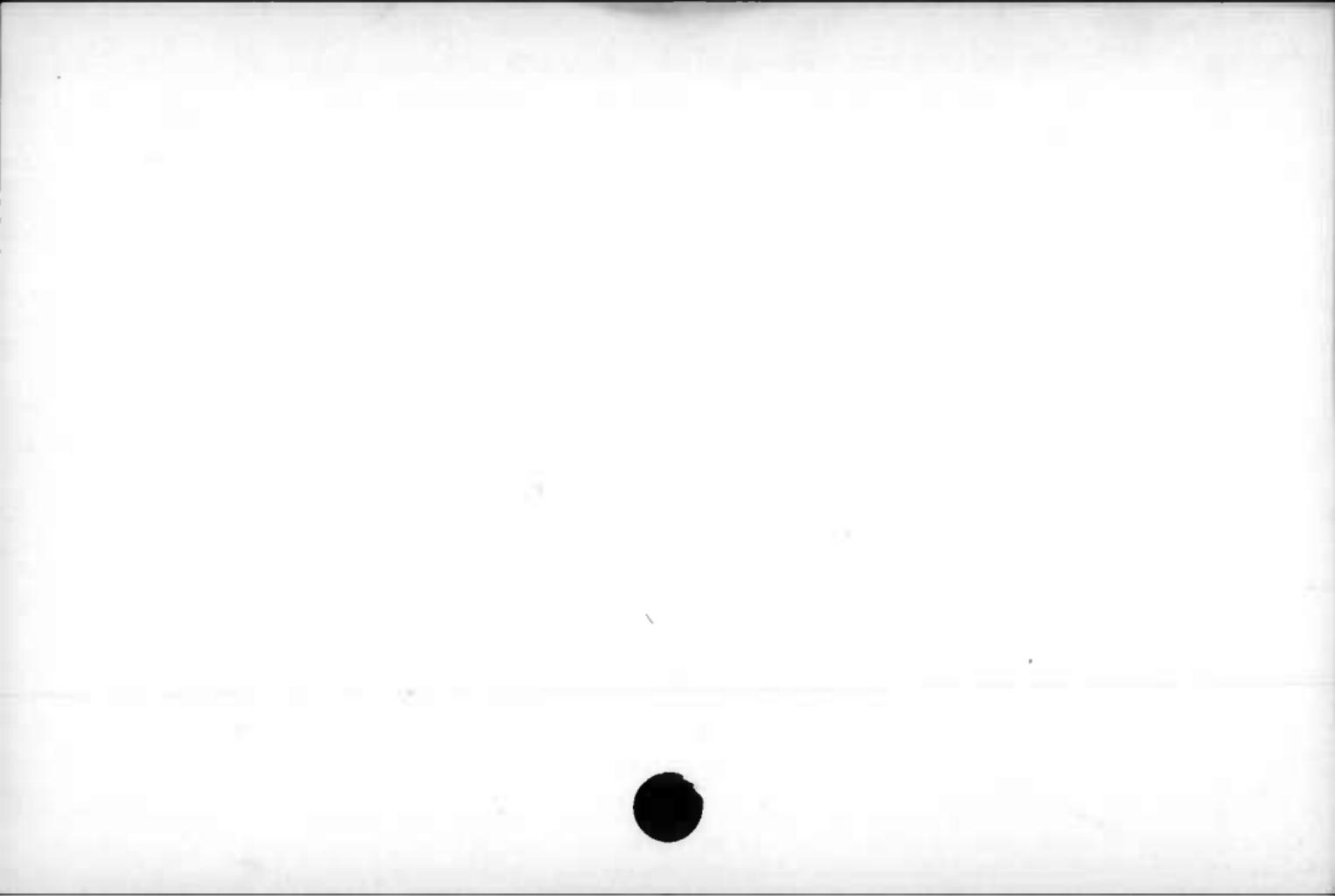
Address

S A Stokes,

Comerstown

md

Accident or Suicide?



Name  
in  
Full

Sarah A. Sauerhoff

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Henry Sauerhoff			
Father's Name	James Jeffreys		Father's Birthplace	Baltimore	
Mother's Maiden Name	Polly Recke		Mother's Birthplace	Penn.	
Name of person giving information	Joseph W. Sauerhoff		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Smiley stroke with

(9)

How long  
a number of years

Immediate

Heart failure

How long  
immediate

Are the name, age, sex, color, date and place correctly given above?

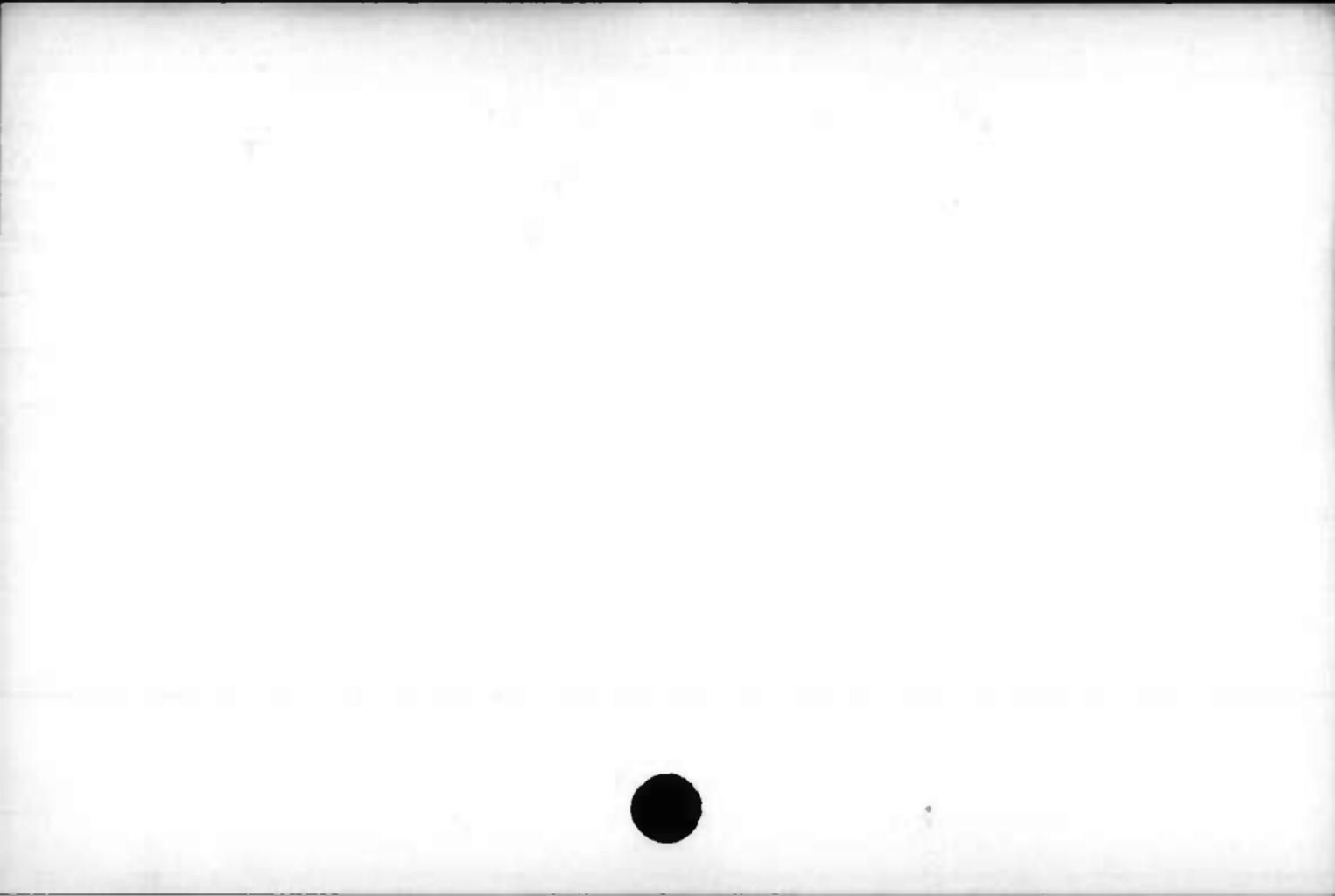
Yes

Signature of Physician

Address

John Moore  
Cambridge Md.

Accident or Suicide?



Name  
in  
Full

Mary Standley

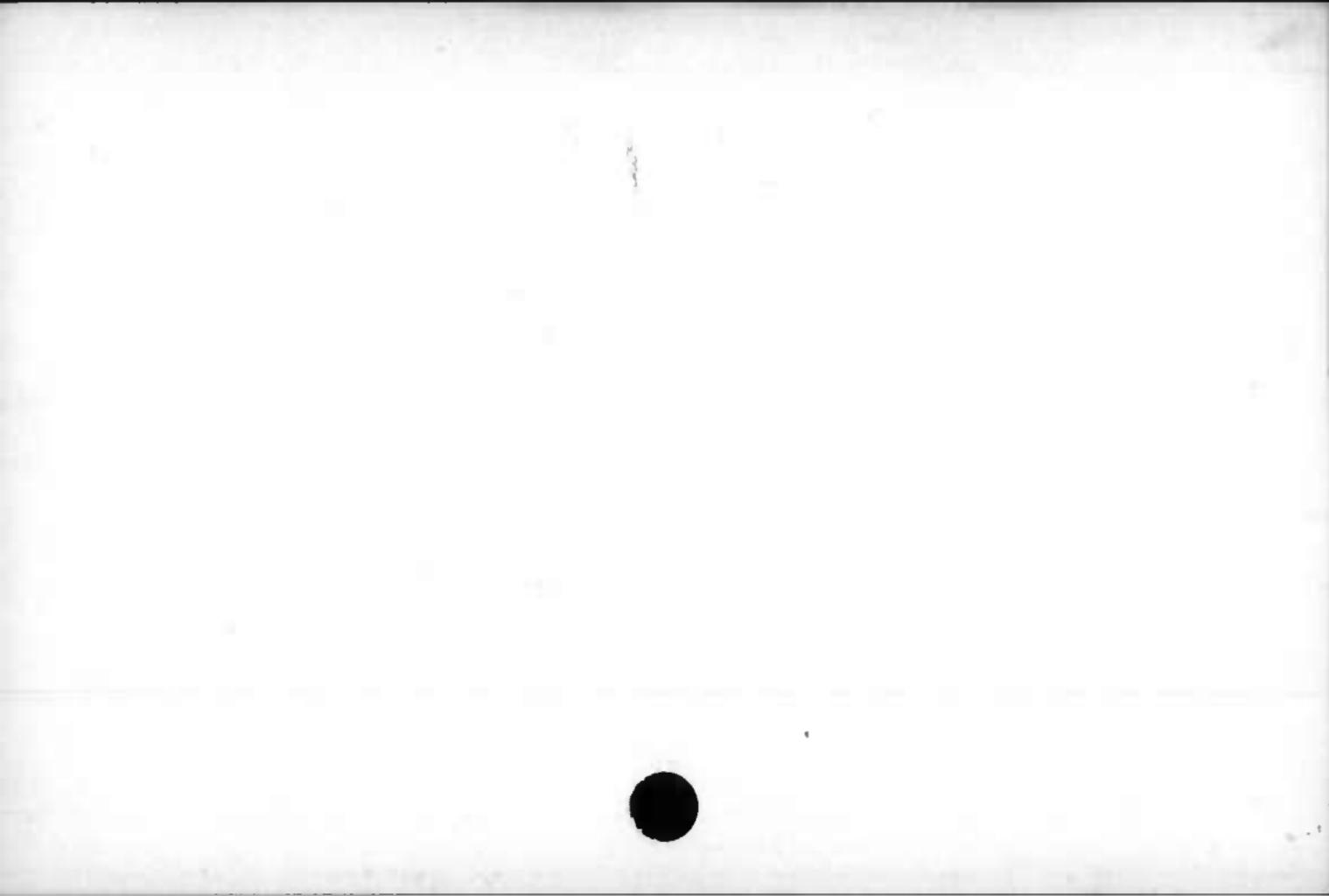
CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town <u>Cambridge</u>	County <u>Dorchester Co</u>	MARYLAND		
Date of death	Month <u>Feb 13</u>	Day	Years <u>57</u>	Months	Days
Age					
Sex	<u>Female</u>	Color or Race	<u>Black</u>	Birth- place	<u>Dorchester-</u>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Not Known</u>		
Father's Name	<u>Don't Know</u>			Father's Birthplace	<u>Don't Know</u>
Mother's Maiden Name	<u>Don't Know</u>			Mother's Birthplace	<u>Don't Know</u>
Name of person giving Information	<u>Richard J. Jackson</u>			How related to deceased	<u>Uncle</u>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Don't Know.</u>	Signature of Physician	How long	<u>Don't Know</u>
	Immediate	<u>Don't Know</u>		(19)	How long
Are the name, age, sex, color, date and place correctly given above?		<u>John Moe</u>	Address	<u>John Moe</u> <u>Cambridge Md.</u>	
Accident or Suicide?		<u>No</u>	Saw her when dying		



Name  
in  
Full

Arthur Stanley

CERTIFICATE OF DEATH

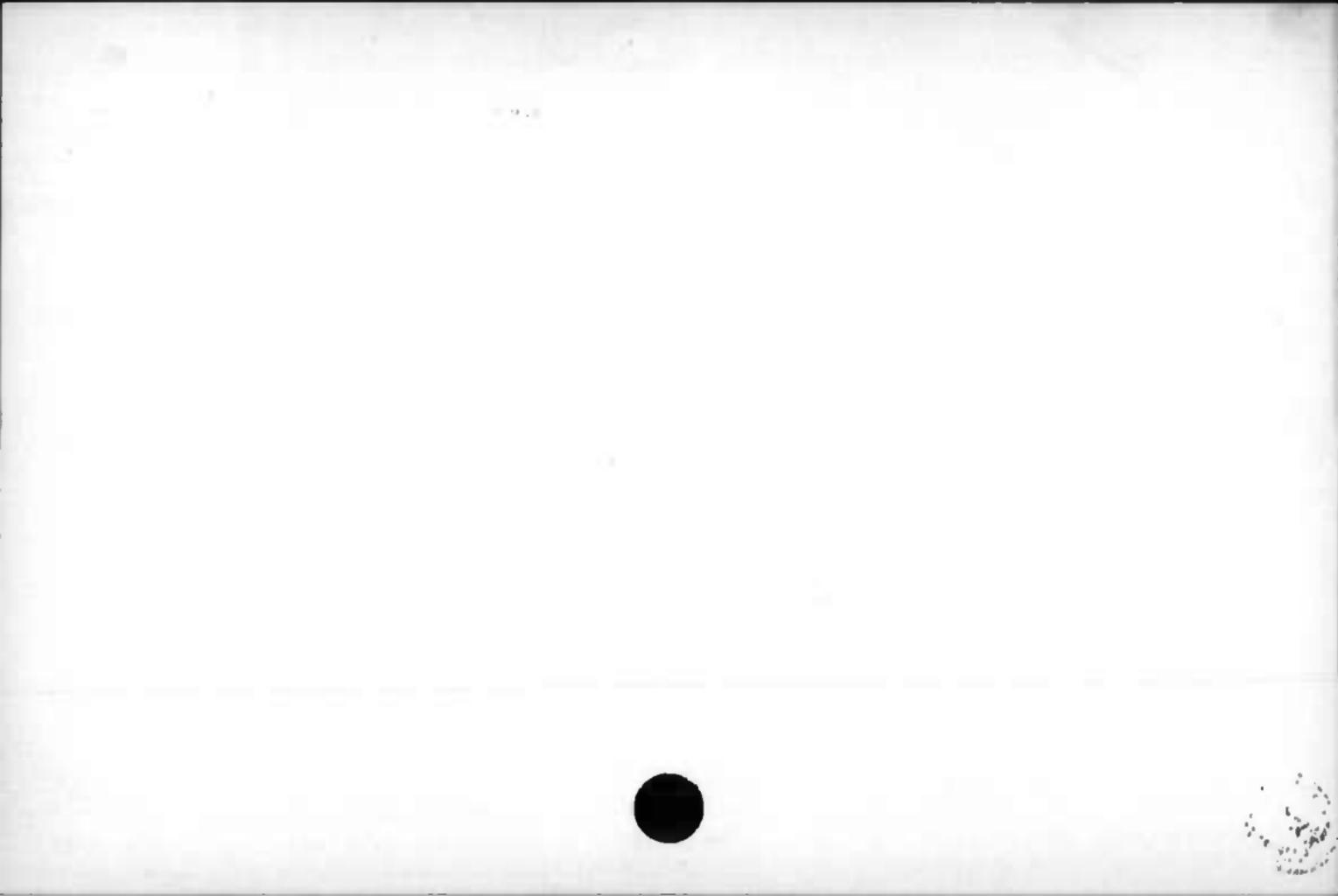
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Carnesville	Frederick			
Date of death	Month	Day	Years	Months	Days
1907	Feb	7	Age 14	10	
Sex	male	Color or Race	negro	Birth-place	Bur. Co and
Occupation	Farm labour	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	none	Father's Birthplace	Md.
Father's Name	John Stanley			Mother's Birthplace	Md.
Mother's Maiden Name	Melly A. Macy			How related to deceased	Father
Name of person giving information	John Stanley				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Pertussis	(6)	How long	1 mo
Immediate	Broncho-pneumonia		How long	5 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	S A Stokes	
		Address	Carnesville	Md.
Accident or Suicide?				



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

I  
PHYSICIAN  
OR CORONER

Annie V. Travers

CERTIFICATE OF DEATH

Town	County	MARYLAND	
Died at	Dorchester	Months	Days
Date of death 190	7 February 57th	Age	21
Sex	Female	Color or Race	White
Occupation	none	Where Residing if not at place of death	
Married, Single or Widowed	infant	Name of Wife or Husband	
Father's Name	John Algis Travers	Father's Birthplace	Fishing Creek Md
Mother's Maiden Name	Alberta J. Woodland	Mother's Birthplace	Dorchester Co.
Name of person giving Information	Tom B. Travers	How related to deceased	cousin

CAUSES OF DEATH

Primary

Measles

6

How long

5 days.

Immediate

Broncho Pneumonia

How long

4 days

Are the name, age, sex, color, date  
and place correctly given above?

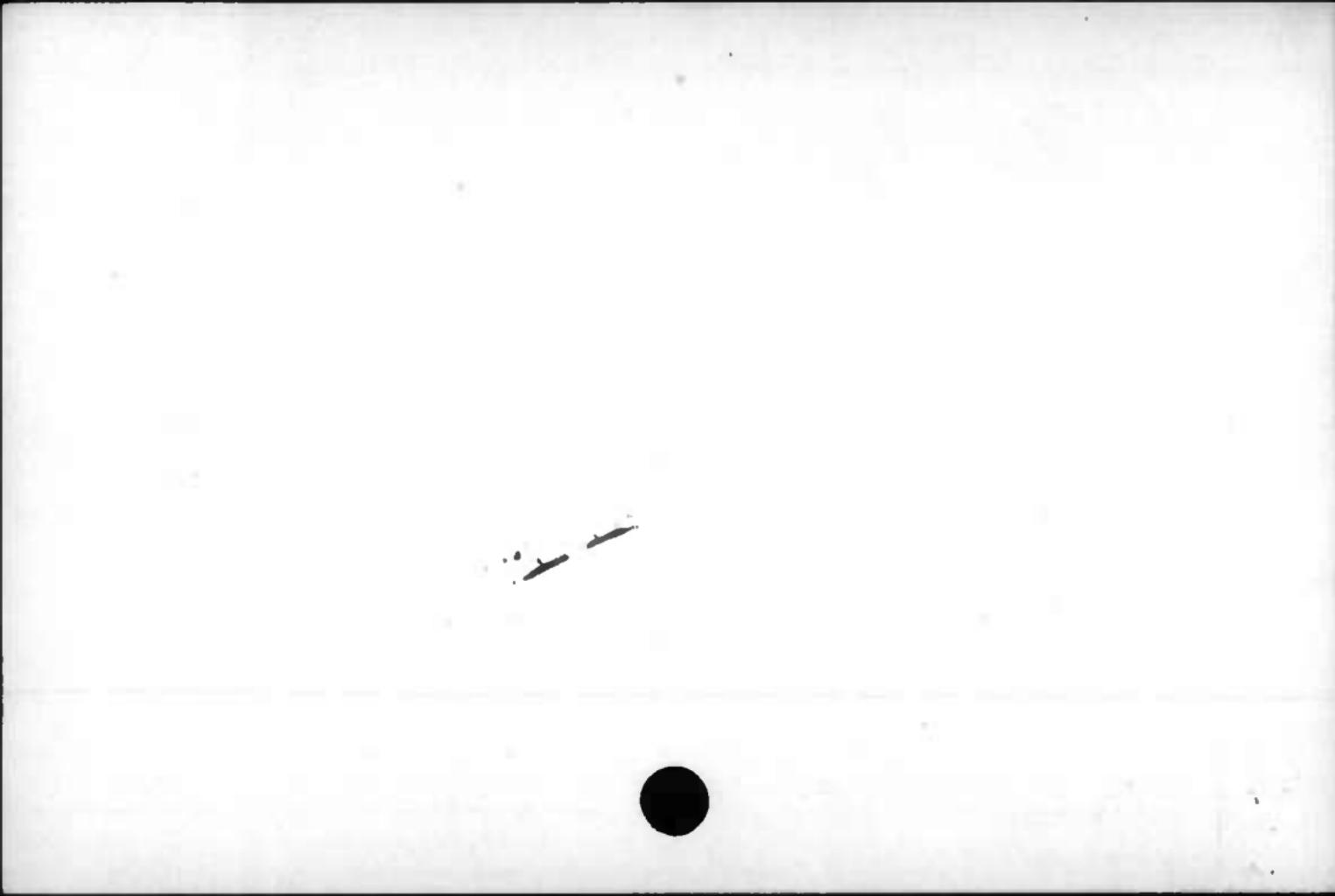
yes

Signature of  
Physician

Address

W.H. Houston M.D.  
Fishing Creek Md

[Redacted] Suicide



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

I

Hall Mathews Travers

Town

Died at Fishing Creek

County

Dorchester

CERTIFICATE OF DEATH

MARYLAND

Date Died at 1907 Month Feb Day 5th

Years

Months

Days

Age —

4

26

Sex

Male

Color or  
Race

Mixed

Birth-  
place

Dorchester

Occupation

Infant

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Meekins R. Travers

Father's  
Birthplace

Dorchester

Mother's  
Maiden Name

Rebecca Travers

Mother's  
Birthplace

Dorchester

Name of person giving  
Information

Meekins R. Travers

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Ichthyosis (congenital)

How long

4 months + 26 days

Immediate

measles

How long

3 days

Are the name, age, sex, color, date  
and place correctly given above?

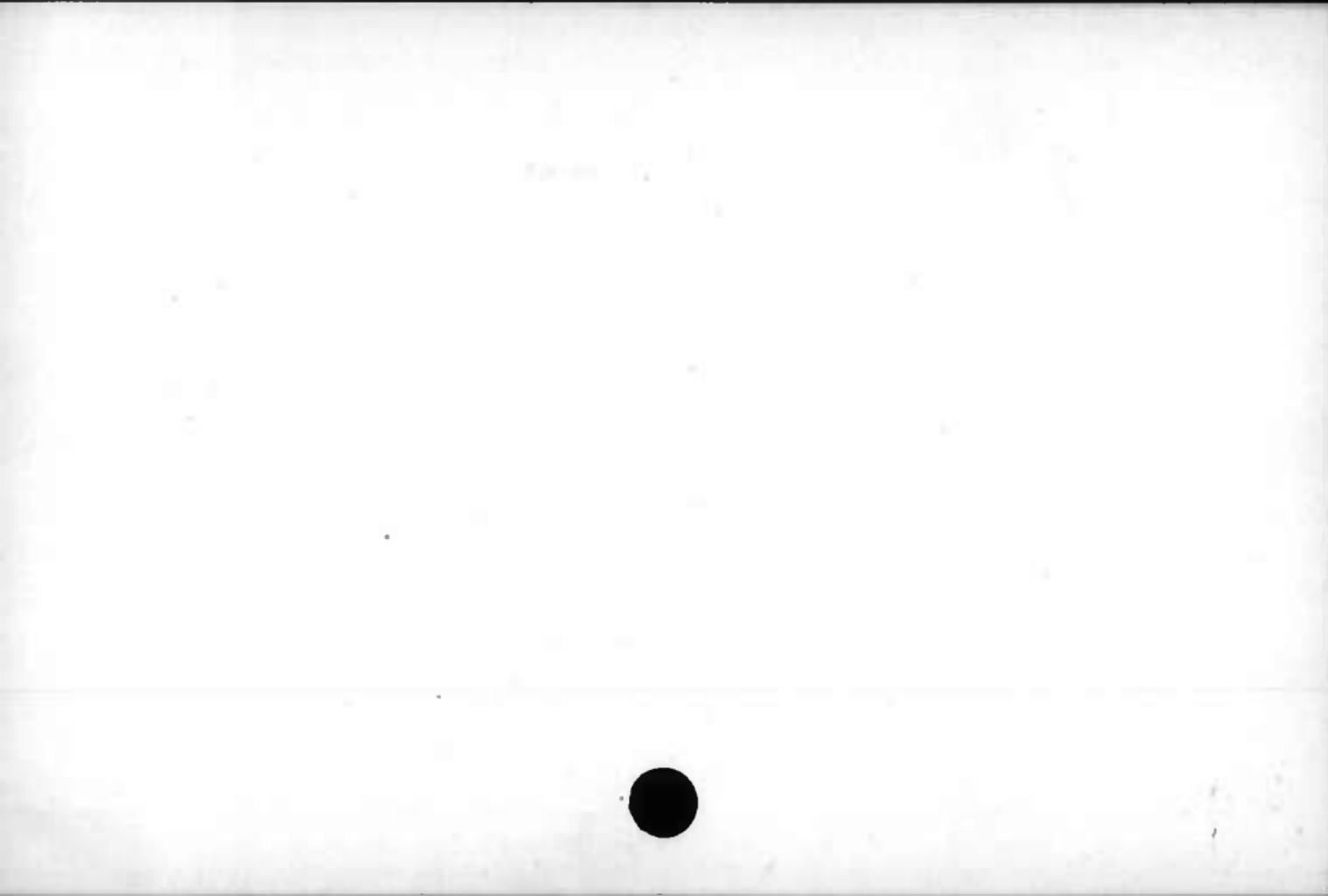
yes

Signature of  
Physician

Address

W.H. Houston M.D.  
Fishing Creek Ind.

Accident or Suicide?



Name  
in  
Full

Nelen Elizabeth Trice

CERTIFICATE OF DEATH

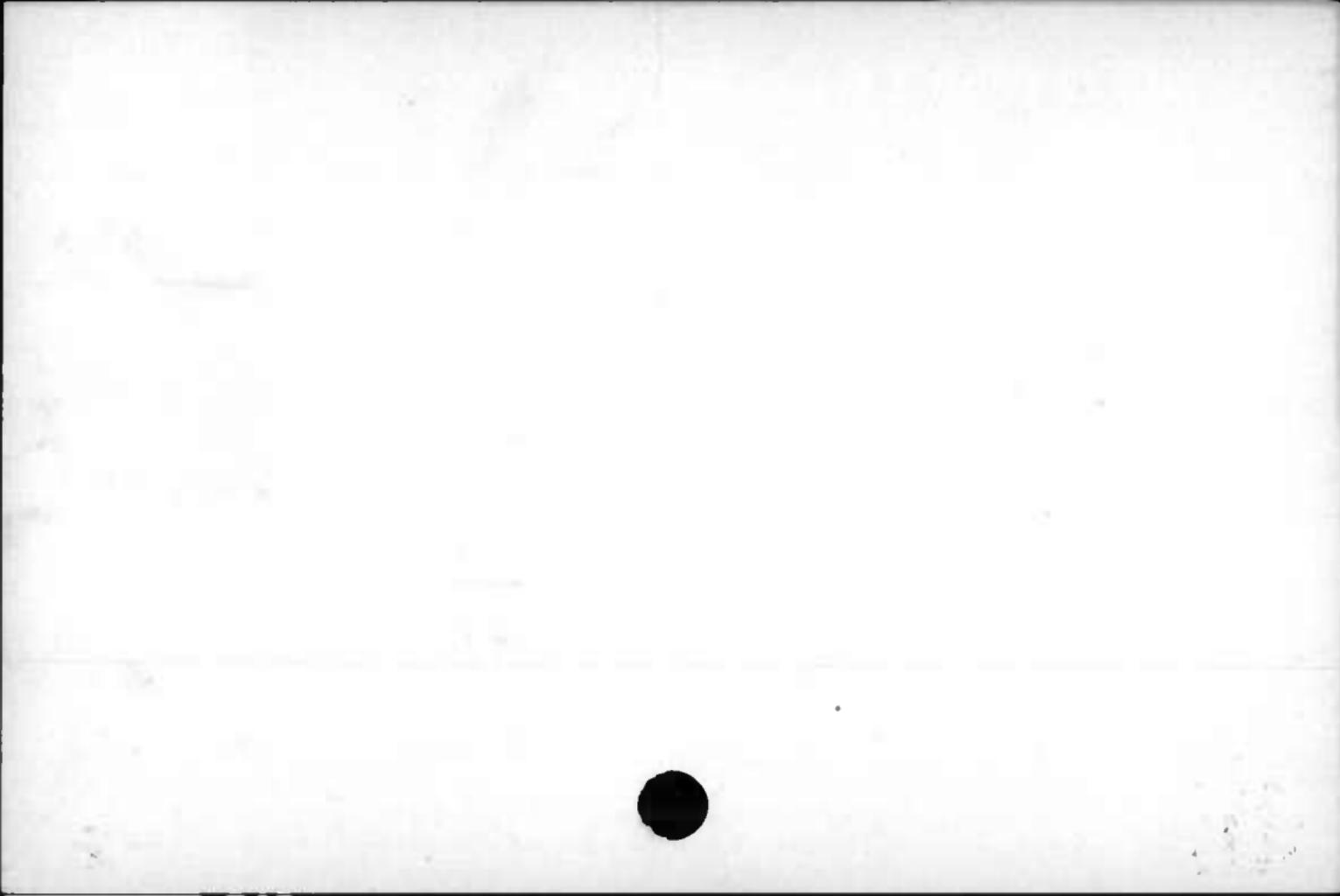
To BE ANSWERED BY  
NEAREST FRIEND

Town	County				
Died at Williamsburg	Dorchester				
Date of death 1907	Month July	Day 5th	Years	Months	Days
Sex Female	Color or Race White	Age	one	three	
Occupation Housewife	Where Residing if not at place of death Same place				
Married, Single or Widowed Single	Name of Wife or Husband Neither				
Father's Name Eugene L Trice	Father's Birthplace Williamsburg				
Mother's Maiden Name Lula M Trice	Mother's Birthplace Federalshill				
Name of person giving information Lula M Trice	How related to deceased Mother				

CAUSES OF DEATH

Primary	Unknown	①	How long
Immediate	Convulsions		During, one day
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician J P Anderson Jr.	
		Address Local Post Office -	
Accident or Suicide?	No		Williamsburg, Va

PHYSICIAN  
OR CORONER



Name  
in  
Full

Annie Vane

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Cambridge	Dorchester	
Date of death	Month	Day	Months Days
1907	Feb.	15	- -
Age	Years		
Sex	Color or Race		
Female	White	Birth-place	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Cambridge "	
Married	Joseph J. Vane		
Father's Name	Robert Vincent	Father's Birthplace	Maryland
Mother's Maiden Name	Mary Baker	Mother's Birthplace	Or
Name of person giving information	H. L. Vane	How related to deceased	Son

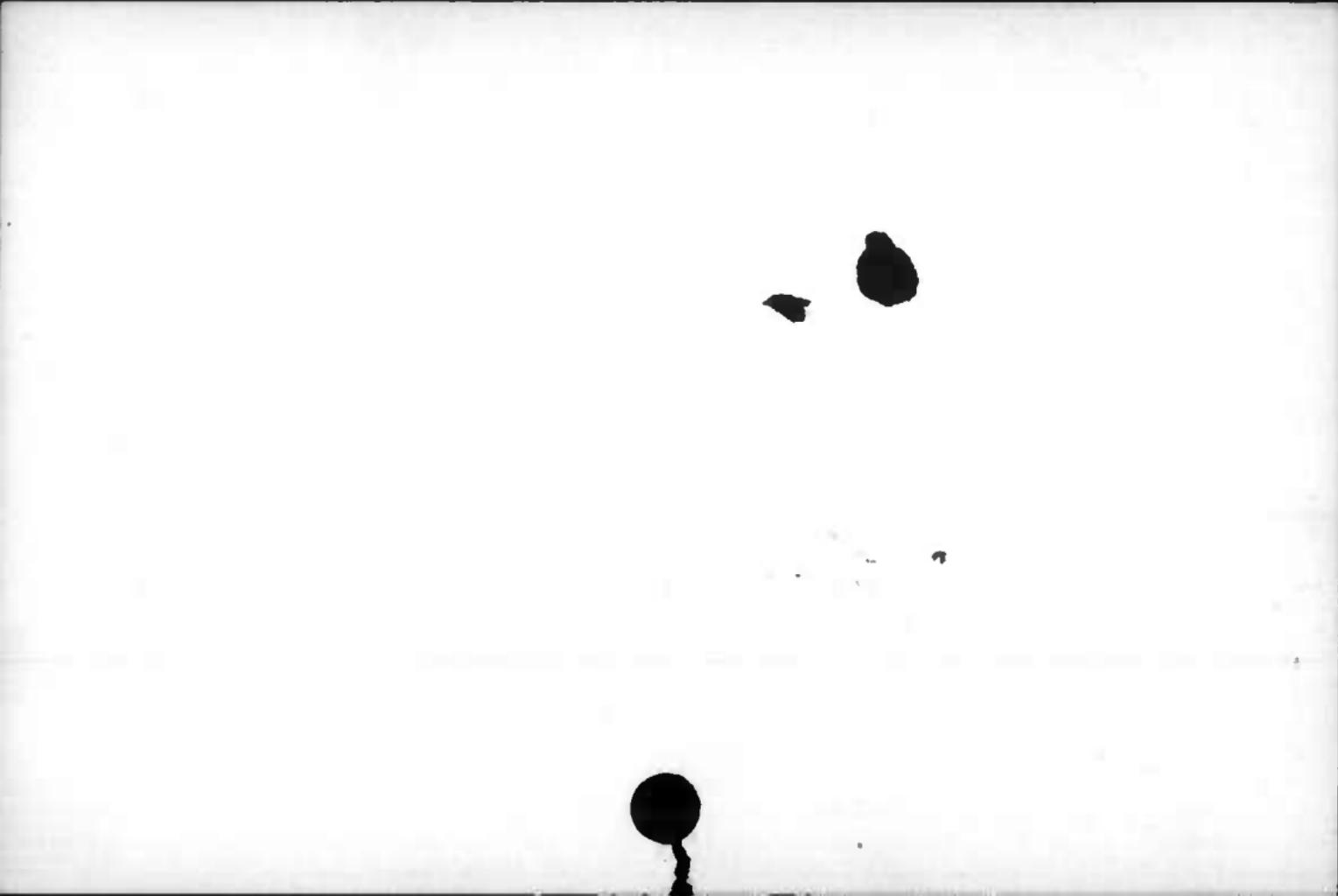
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis		
Immediate	Repetitive shins		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Guy Steele or Health office
		Address	Cambridge Md.



Accident or Suicide?



Name  
in  
Full

Gertrude W. Whately

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Wrights</b> Town		County <b>Baltimore</b>		MARYLAND	
Date of death <b>1907</b>	Month <b>Feb</b>	Day <b>28</b>	Age <b>71</b>	Months	Days
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Wright's Ind.</b>			
Occupation <b>Hausfrau</b>	Where Residing if not at place of death <b>—</b>				
Married, Single or Widowed <b>Married</b>	Name of Wife or Husband <b>Thos. J. Whately</b>	<del>Thos. J. Whately</del>			
Father's Name <b>Jams March</b>	Father's Birthplace <b>Ind</b>				
Mother's Maiden Name <b>unknown</b>	Mother's Birthplace <b>Ind</b>				
Name of person giving information <b>Howard Marshall</b>	How related to deceased <b>Son</b>				

CAUSES OF DEATH

Primary

Heart disease - organic **19** How long **— years**

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

**yes**

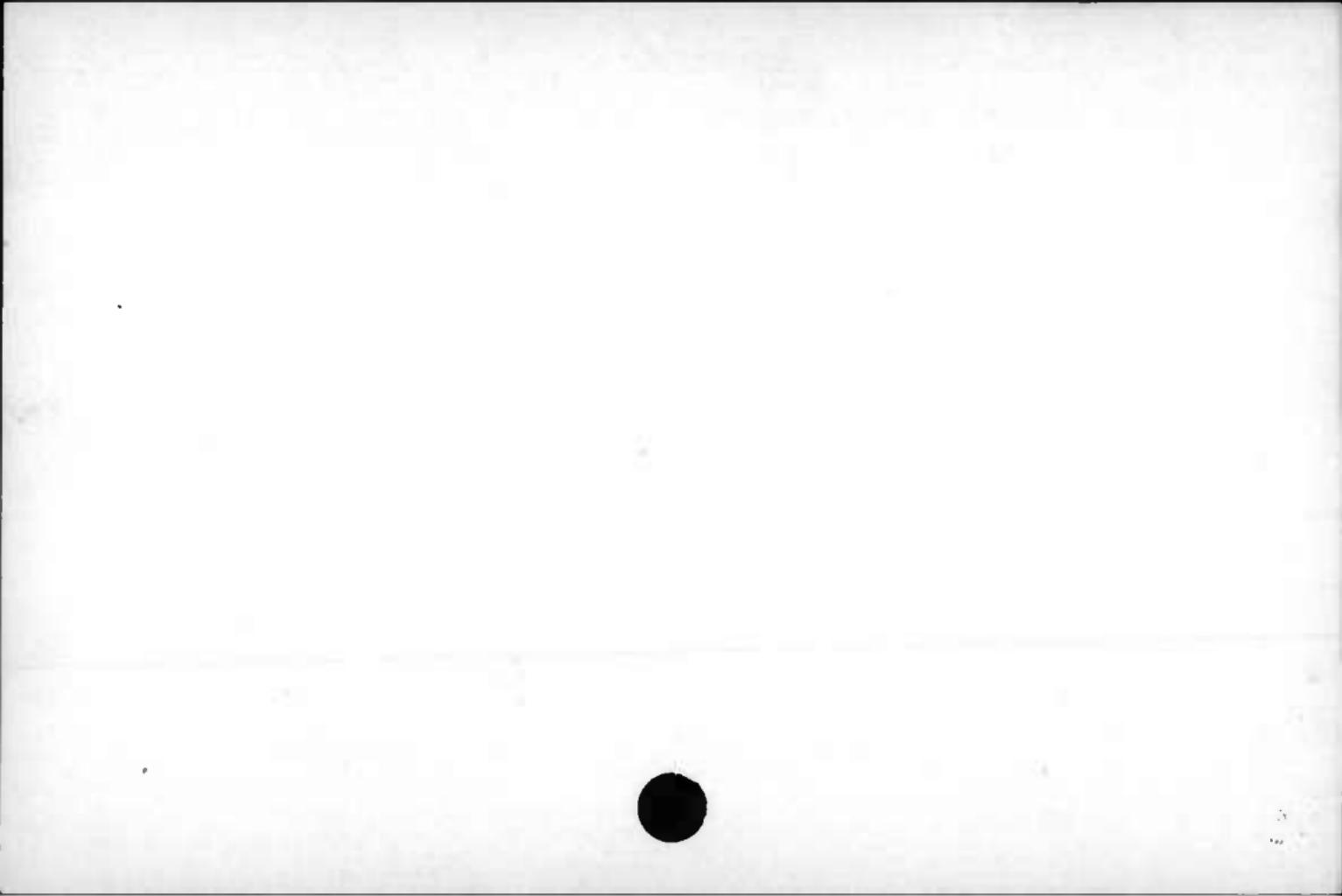
Signature of Physician

Address

**S A Stokes  
Coroner**

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Thomas H. Wherrette

CERTIFICATE OF DEATH

Died at	Town	Caroline	County	Dorchester	MARYLAND
Date of death	Month	Feb	Day	28th	Years 68 Months — Days 8
Sex	Male	Color or Race	White	Birth-place	—
Occupation	Tailor	Where Residing if not at place of death at home			
Married, Single or Widowed	Married	Name of Wife or Husband	Mary L. Wherrette		
Father's Name	Mr Wherrett	Father's Birthplace don't know			
Mother's Maiden Name	Rebecca Lucas	Mother's Birthplace don't know			
Name of person giving information	Mary L. Wherrette	How related to deceased daughter Mother			

CAUSES OF DEATH

Primary Arterio-Sclerosis

Immediate Heart - Failure

Are the name, age, sex, color, date and place correctly given above?

yes

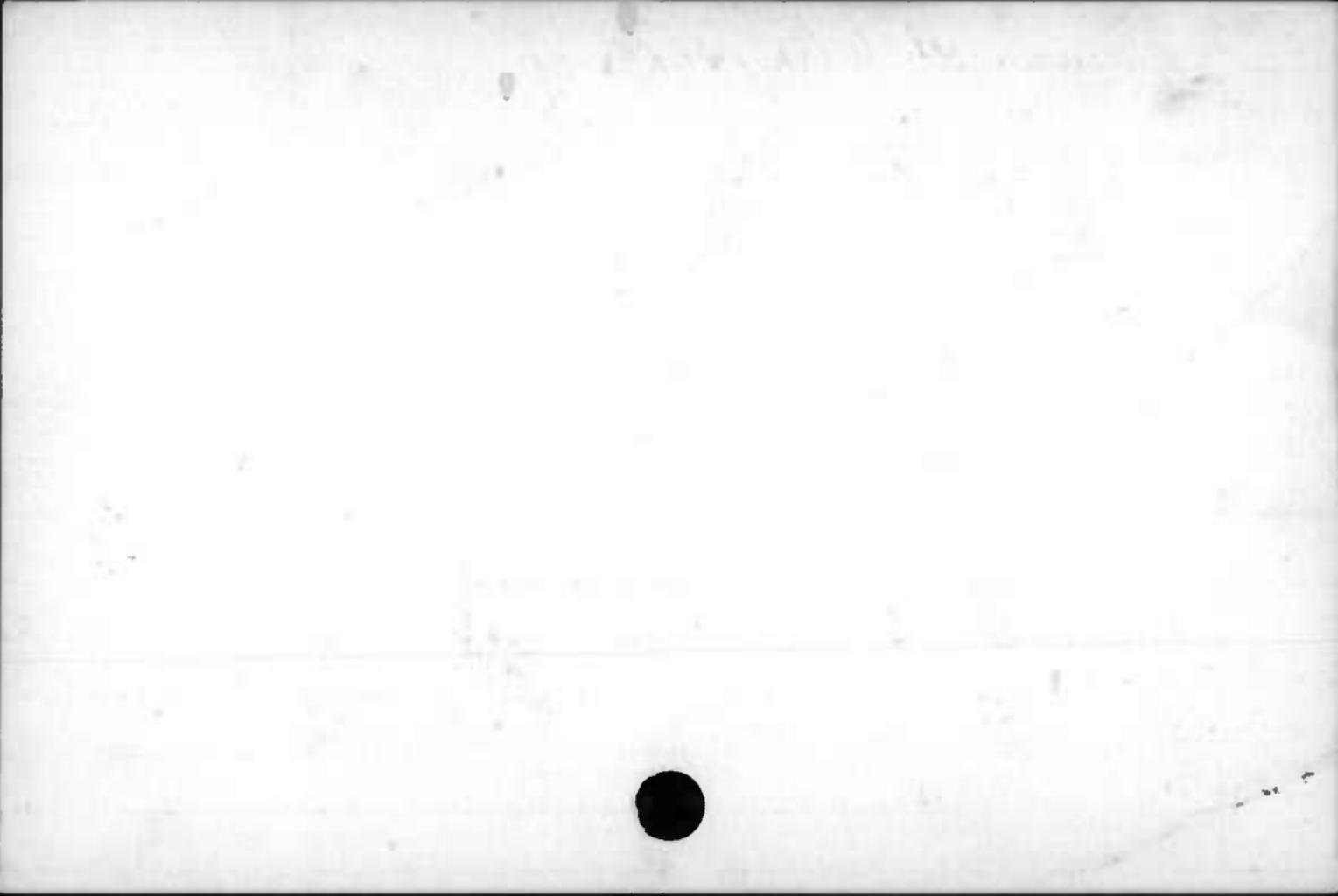
Signature of Physician

E.E. Wolff  
Cambridge, Md.



PHYSICIAN  
OR CORONER  
I

Accident or Suicide?



Name  
in  
Full

Lincoln Whittington

CERTIFICATE OF DEATH

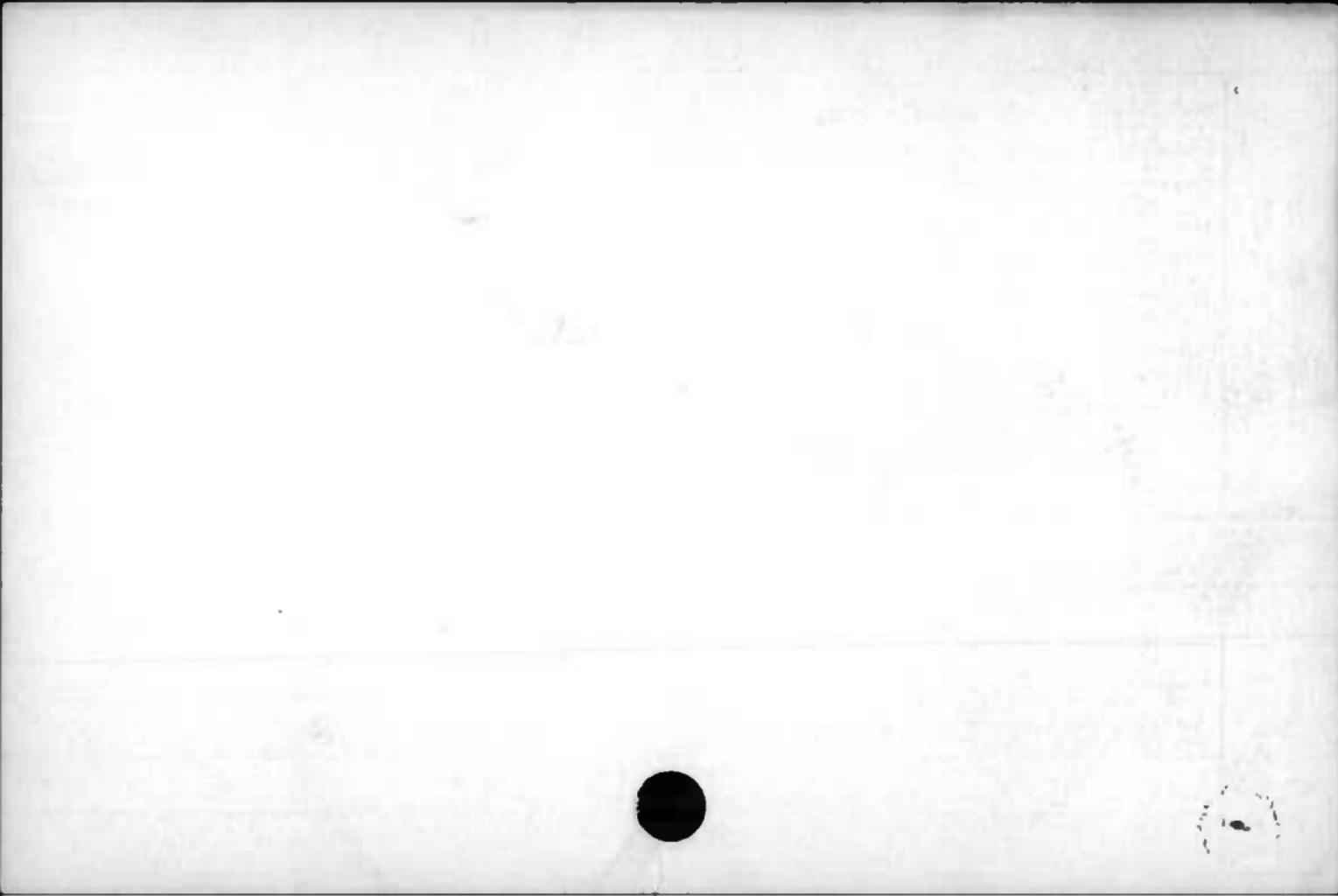
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Ambridge	Ornbrook				
Date of death	Month	Day	Years	Months	Days
1907	July	15	40	0	0
Sex	Color or Race	Age	Birth-place		
Female	Black	40	Md		
Occupation	Where Residing if not at place of death			Same	
Oyster Shucker					
Married, Single or Widowed	Name of Wife or Husband	doubt known			
Widowed					
Father's Name	doubt known			Father's Birthplace	doubt known
Mother's Maiden Name	doubt known			Mother's Birthplace	doubt known
Name of person giving information	Hospital record			How related to deceased	—

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	74 Ward fire	○	How long	doubt known
Immediate	Suffocation	○	How long	few hours
Are the name, age, sex, color, date and place correctly given above?	doubt known	Signature of Physician	John Grace	
		Address	Cambridge Md	
Accident or Suicide?				



Name  
in  
Full

Muriel R. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cambridge		Town Winchester		County MARYLAND		
Date of death 1907	Month 2	Day 7	Years -	Months -	Days 21	
Sex Female	Color or Race white	Birth-place Cambridge Md.				
Occupation nurse	Where Residing if not at place of death —					
Married, Single or Widowed single	Name of Wife or Husband					
Father's Name Fred T. Wilson	Father's Birthplace Ballon Rd.					
Mother's Maiden Name Ansie R. Messick	Mother's Birthplace Somerset Md.					
Name of person giving information Helen Messick	How related to deceased Grand Mother					

CAUSES OF DEATH

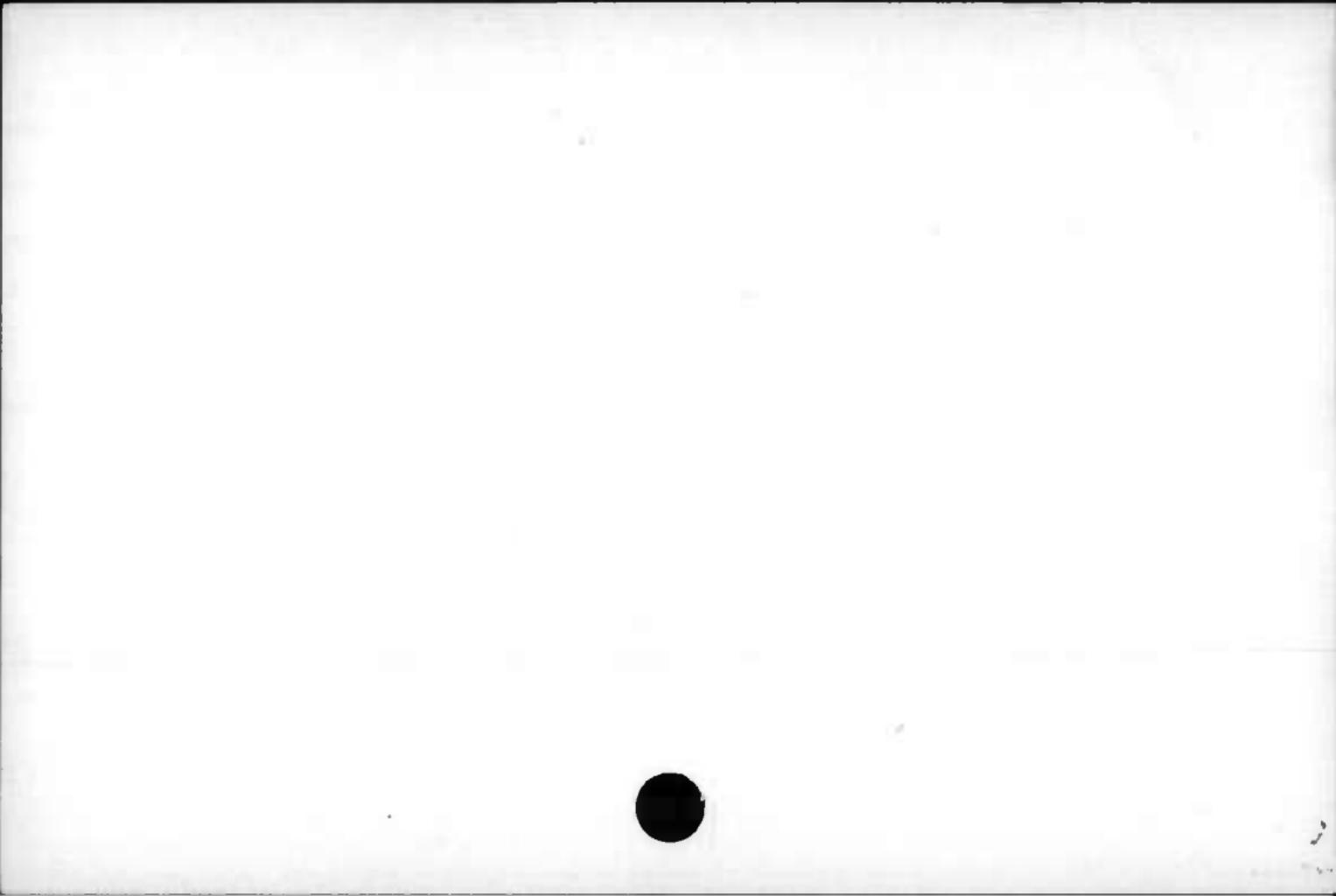
5

PHYSICIAN OR CORONER

Primary	Premature birth of nonviable		How long all of life
Immediate	Exhaustion Malnutrition		How long all of life
Are the name, age, sex, color, date and place correctly given above?	Ephs	Signature of Physician	Guy Steele
Address Cambridge Md.			



Accident or Suicide?



Name  
in  
Full

X X Wingate

CERTIFICATE OF DEATH

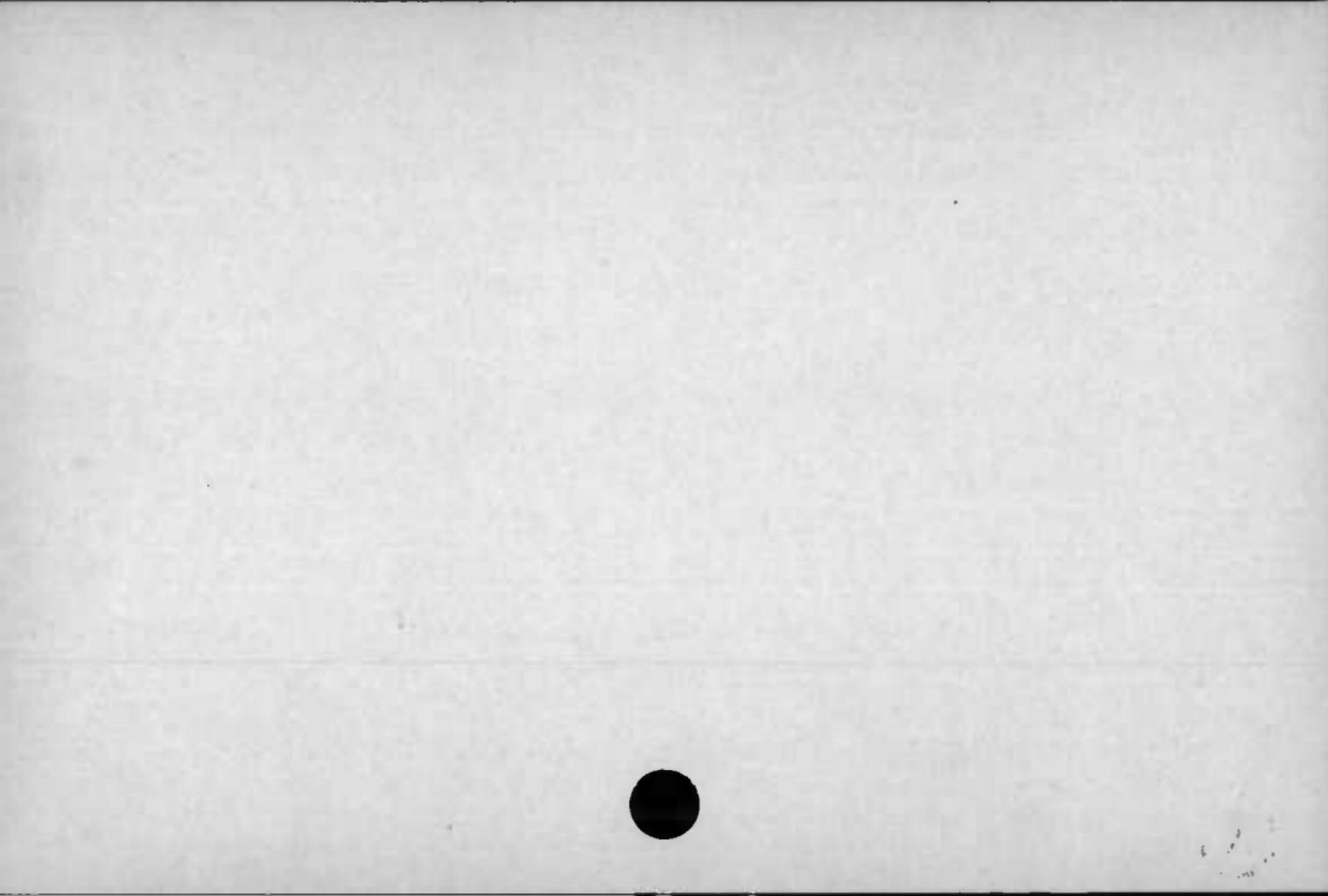
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Cornesville			Lancaster				
Date of death	Month	Day	Years	Months		Days	
1907	Feb	6	Age	4		14	
Sex	Female	Color or Race	White	Birth-place		Cornesville	
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband	None				
Father's Name	Frank H Wingate			Father's Birthplace	Rev. Col. Ind.		
Mother's Maiden Name	Elizabeth Suddon			Mother's Birthplace	II	II	
Name of person giving information	F H Wingate			How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Peritisis	How long	5 weeks.
Immediate	Bronchitis	How long	unknown
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	S A Stokes
		Address	RFD #5 Cambridge MD
Accident or Suicide?			



Name  
In  
Full

Annie Young

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died <del>near Church Creek</del>		Town	County		MARYLAND	
Date of death	1907	Month Feb.	Day 19 <sup>th</sup>	Age 73	Years	Months — Days —
Sex	Female	Color or Race	Col.	Birth-place Dor. Co. Md.		
Occupation	House wife	Where Residing if not at place of death —				
Married, Single or Widowed	Married	Name of Wife or Husband	Jeremiah Young			
Father's Name	Don't know	Father's Birthplace —				
Mother's Maiden Name	Doyle know	Mother's Birthplace —				
Name of person giving Information	James Mauer	How related to deceased Son				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Pneumia

93

How long about 8 days

Immediate Congestion of Bronchae

How long about 2 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

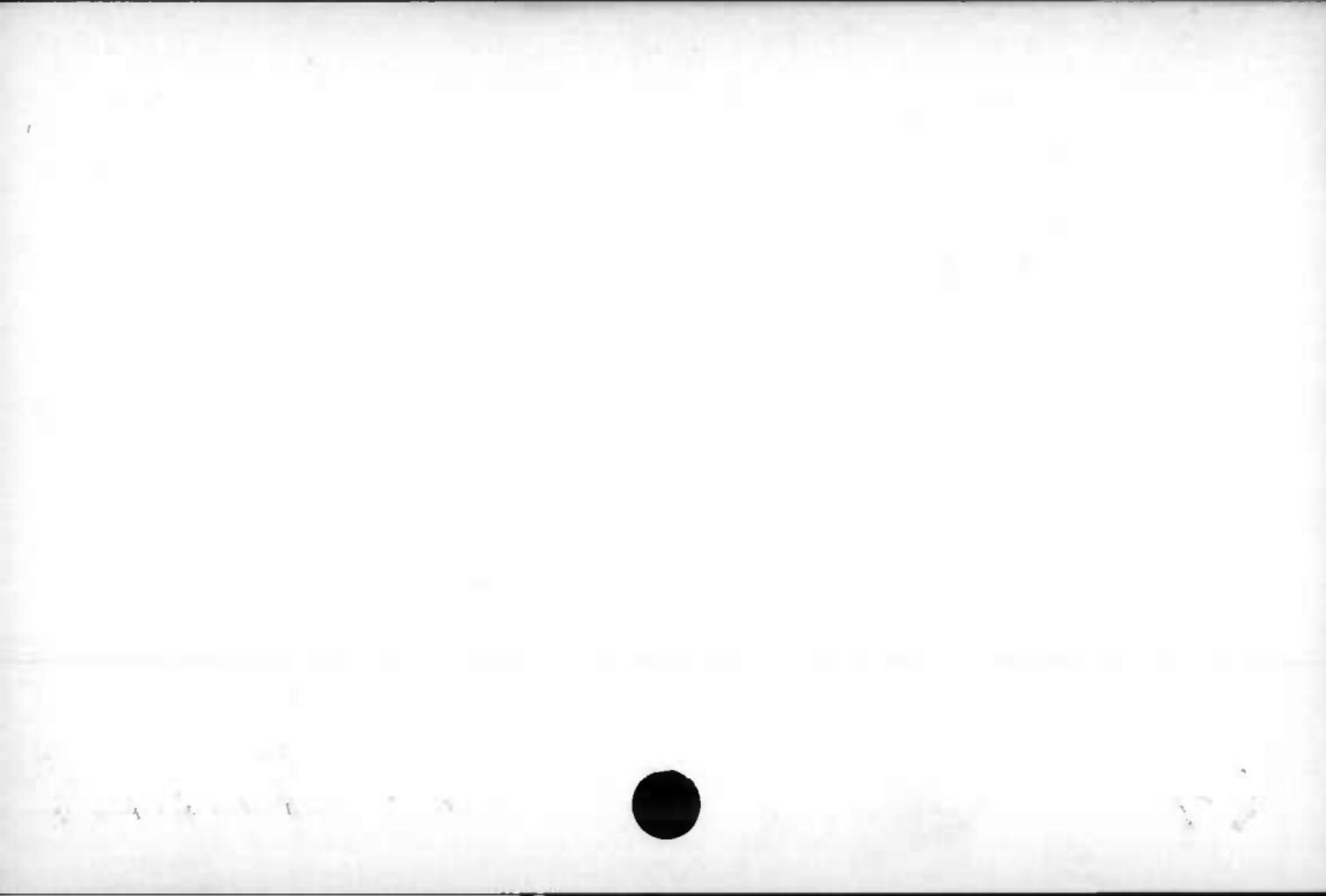
Victor Charles M.D.

Address

Baltimore Md  
Baltimore St



Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

Mary E Young

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1907 Feb	Month 22	Day	Years	Months 11	Days 20
Sex Female	Color or Race Negro	Birth-place Cambridge			
Occupation nurse	Where Residing if not at place of death				
Married, Single or Widowed single	Name of Wife or Husband				
Father's Name Walter Young	✓		Father's Birthplace Md		
Mother's Maiden Name Eliza Cornish	✓		Mother's Birthplace Md		
Name of person giving Information W. Young	✓		How related to deceased Father		

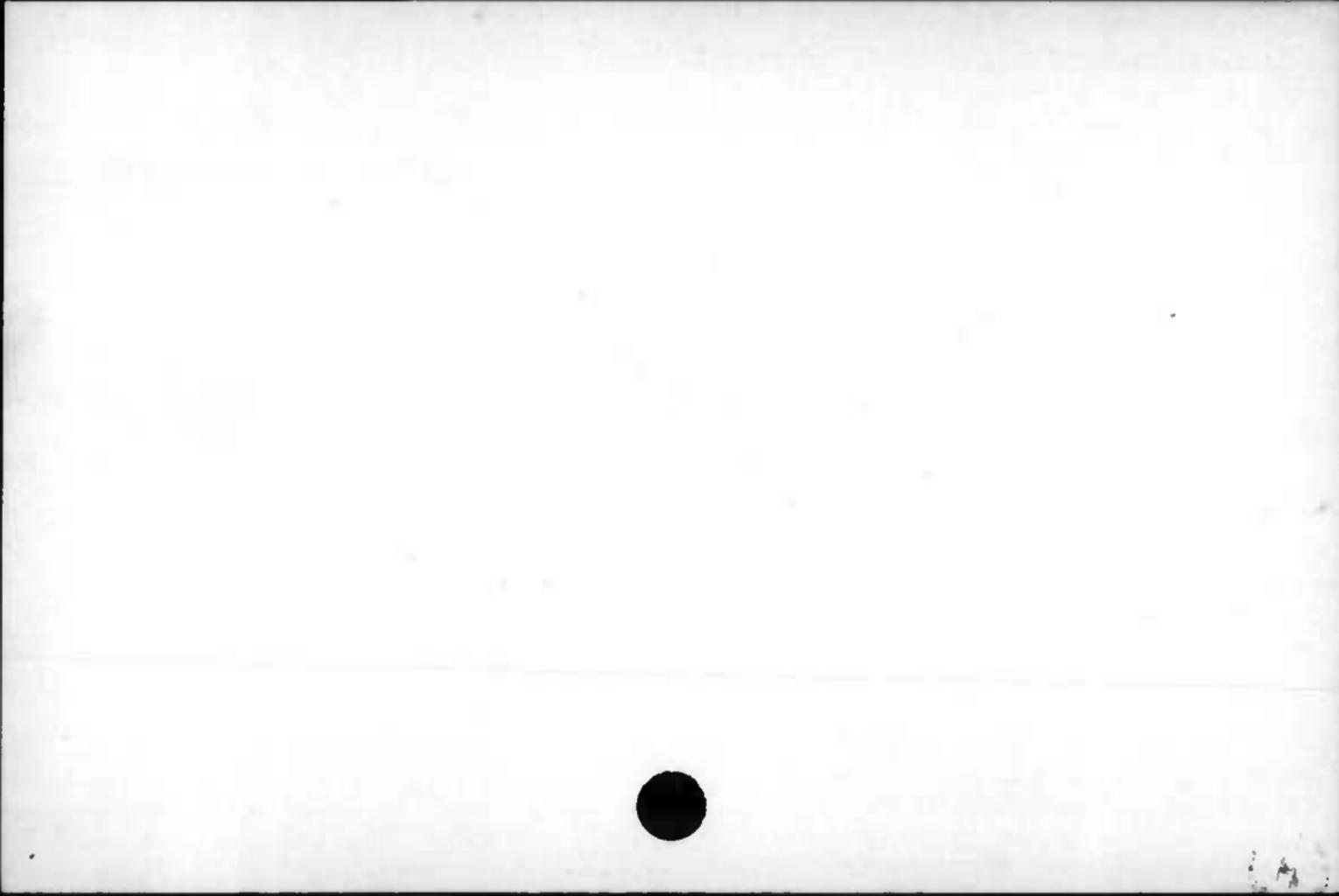
CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Pertussis	(B)	How long 2 mos
Immediate	Bronchitis - convulsions	(B)	How long 3 to 4 hrs
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician S A Stokes	Address



Accident or Suicide?



Name  
in  
Full

Warney Young, Dor. County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Near Hickensburg Town Dor. County County  
Date of death 1907 Month 2 Day 10 Age 55 Years Months 6 Days  
Sex Female Color or Race Black Birth-place Unknown  
Occupation House wife Where Residing or not at place of death Near Hickensburg  
Married, Single or Widowed married Name of Wife or Husband Warney Young  
Father's Name unknown Father's Birthplace unknown  
Mother's Maiden Name unknown Mother's Birthplace unknown  
Name of person giving information Charles H. Stanley How related to deceased neighbour

CAUSES OF DEATH

Primary

unknown

How long

1 year

Immediate

1c

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

none



Accident or Suicide?

natural cause

Wm J Abdell JP

